

***West Coast District Health Board***  
***Te Poari Hauora a Rohe o Tai Poutini***

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**COMMUNITY AND PUBLIC HEALTH ADVISORY  
COMMITTEE AND DISABILITY SUPPORT ADVISORY  
COMMITTEE MEETING**

**10 October 2013**

**AGENDA  
AND  
MEETING PAPERS**

**All information contained in these committee papers is subject to change**

E Te Atua i runga rawa kia tau te rangimarie, te aroha,  
ki a matou i tenei wa  
Manaaki mai, awhina mai, ki te mahitahi matou, i roto,  
i te wairua o kotahitanga, mo nga tangata e noho ana,  
i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend  
on us at this time so that we may work together  
in the spirit of oneness on behalf of the people of the West Coast.

The functions of CPHAC & DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population; and*
- *the priorities for the use of the health funding available.*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board; and*
- *the priorities for the use of the disability support funding provided.”*

The aim of the Committee's advice must be:

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximize the overall health gain for the resident population of the West Coast District Health Board; and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.”*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability

**COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
**To be held in the Board Room, Corporate Office, Greymouth Hospital**  
**Thursday 10 October 2013 commencing at 9.00am**

## ADMINISTRATION

**9.00am**

Karakia

Apologies

**1. Interest Register**

*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*

**2. Confirmation of the Minutes of the Previous Meeting & Matters Arising**

*22 August 2013.*

**3. Carried Forward/ Action Items**

## REPORTS/PRESENTATIONS

**9.10am**

**4. Community and Public Health Update**

Jem Pupich  
*Team Leader, Community and Public Health*

*9.10am - 9.25am*

**5. Planning & Funding Update**

Carolyn Gullery  
*General Manager, Planning & Funding*

*9.25am - 9.40am*

**6. Alliance Update – Quarterly Report**

Carolyn Gullery  
*General Manager, Planning & Funding*

*9.40am – 9.55am*

**7. General Business**

Elinor Stratford  
*Chair*

*9.55am - 10.50am*

## ESTIMATED FINISH TIME

**10.50am**

## INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 13 September 2013
- West Coast CPHAC/DSAC Workplan 2013
- Health Target Results – Quarter 4
- C&PH 6 Monthly report to Ministry of Health
- West Coast DHB 2013 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** 28 November 2013 Corporate Office, Board Room at Grey Base Hospital.

# COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' INTERESTS REGISTER



West Coast District Health Board  
Te Poari Hauora a Rohe o Tai Poutini

## COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE REGISTER OF MEMBERS' CONFLICTS/INTEREST

*(As disclosed on appointment to the Board/ Committee and updated from time-to time, as necessary)*

Member	Disclosure of Interest
<b>CHAIR</b> Elinor Stratford <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Deputy Chair of Victim Support, Greymouth</li> <li>• Committee Member, Abbeyfield Greymouth Incorporated</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Advisor MS/Parkinson West Coast</li> <li>• Disability Resource Trust - contracted to wind up this Organisation</li> <li>• Trustee, Disability Research Centre, Queenstown</li> </ul>
<b>DEPUTY CHAIR</b> Kevin Brown <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Councillor, Grey District Council</li> <li>• Trustee, West Coast Electric Power Trust</li> <li>• Wife works part time at CAMHS</li> <li>• Member of CCS</li> <li>• Patron and Member of West Coast Diabetes</li> <li>• Trustee, West Coast Juvenile Diabetes Association</li> </ul>
John Ayling	<ul style="list-style-type: none"> <li>• Chair of West Coast Primary Health Organisation</li> <li>• Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board</li> <li>• Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector).</li> <li>• Chair PHO Alliance</li> </ul>
Lynnette Beirne	<ul style="list-style-type: none"> <li>• President West Coast Stroke Group Incorporated</li> <li>• Member South Island Regional Stroke Foundation Committee</li> <li>• Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation)</li> <li>• Contract for the Café and Catering at Tai Poutini</li> <li>• Daughter employed as nurse for West Coast DHB</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul>

Member	Disclosure of Interest
Jenny McGill	<ul style="list-style-type: none"> <li>• Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB.</li> <li>• Husband employed by West Coast DHB</li> </ul>
Mary Molloy (Board Member)	<ul style="list-style-type: none"> <li>• Director - Molloy Farms South Westland Ltd</li> <li>• Trustee - L.B. &amp; M.E Molloy Family Trust</li> <li>• Spokeswoman - Farmers Against Ten Eighty</li> <li>• Executive Member - Wildlands Biodiversity Management Group Incorporated</li> <li>• Deputy Chair of West Coast Community Trust</li> </ul>
Robyn Moore	<ul style="list-style-type: none"> <li>• Family member is the Clinical Nurse Manager of Accident and Emergency</li> <li>• Member of the West Coast Clinical Board</li> <li>• Consumer Representative on South Island Quality &amp; Safety SLA</li> </ul>
John Vaile (Board Member)	<ul style="list-style-type: none"> <li>• Director, Vaile Hardware Limited</li> <li>• Member of Community Patrols New Zealand</li> </ul>
Dr Paul McCormack Ex-officio <b>BOARD CHAIR</b>	<ul style="list-style-type: none"> <li>• General Practitioner Member, Pegasus Health</li> </ul>
Peter Ballantyne Ex-officio <b>BOARD DEPUTY CHAIR</b>	<ul style="list-style-type: none"> <li>• Appointed Board Member, Canterbury District Health Board</li> <li>• Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired partner now in a consultancy role, Deloitte</li> <li>• Member of Council, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>

**DRAFT**  
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH  
AND DISABILITY SUPPORT ADVISORY COMMITTEE**  
**held in the Board Room, Corporate Office, Grey Base Hospital**  
**on Thursday, 22 August 2013 commencing at 9.00am**

## **PRESENT**

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Kevin Brown; Dr Cheryl Brunton; Mary Molloy; Jenny McGill; Robyn Moore; John Vaile; and Peter Ballantyne (ex-officio).

## **APOLOGIES**

An apology for absence was received and accepted from Dr Paul McCormack.

## **EXECUTIVE SUPPORT**

Carolyn Gullery (General Manager, Planning & Funding) via video conference; Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services) (via video conference); Ralph La Salle (Acting Programme Director); Karyn Kelly (Director of Nursing & Midwifery & Acting General Manager, Primary & Community Services); and Kay Jenkins (Minutes).

## **WELCOME**

The Chair welcomed everyone and asked Gary Coghlan to lead the Karakia.

## **1. INTEREST REGISTER**

### **Additions/Alterations to the Interest Register**

John Vaile – add Member of Community Patrols New Zealand

Kevin Brown – wife works part time at CAHMS & delete “co” in “co-patron” of West Coast Diabetes

Elinor Stratford – add: Disability Resource Trust – contracted to wind up this organisation and Trustee Disability Resource Centre, Queenstown.

### **Declarations of Interest for Items on Today’s Agenda**

There were no interests declared for items on today’s agenda.

### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

## **2. MINUTES OF THE PREVIOUS MEETING**

### **Resolution (8/13)**

(Moved: John Ayling; Seconded: John Vaile - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 11 July 2013 be confirmed as a true and correct record subject to John Vaile being added to the list of attendees.

## **3. CARRIED FORWARD/ACTION ITEMS**

Presentation regarding Alliance Leadership Team to be added to Carried forward List. Information regarding article about car accidents on the West Coast also to be added.

#### **4. COMMUNITY & PUBLIC HEALTH UPDATE**

Jem Pupich, Team Leader, Community & Public Health, presented the Community & Public Health Update.

This report provided the Committee with updates on: Grey District Council Economic Development Strategy; Grey High School Careers Expo; and the Youth Health Action Group.

Discussion also took place regarding the fluoridation of West Coast water supplies and the Committee asked that a recommendation be made to the Board that this be revisited with the local Councils.

The Report was noted.

#### **5. PLANNING & FUNDING UPDATE**

Carolyn Gullery, General Manager, Planning & Funding, presented this report which was taken as read.

Ms Gullery provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan priorities.

The Committee noted that trends show a reduction in the amount of people moving into rest homes. This is the direction we have been trying to encourage with an outcome of keeping people well in their own homes. It was noted that specialist dementia care does not have this same trend. The growth in District Nursing workload was also noted.

Planning for the roll out of e-scrv has commenced and this will enable access to all interested parties.

Discussion took place regarding the wait times for non-urgent routine GP appointments still being 11 days. The Committee noted that the DHB is refocusing its investment into Primary Care to improve this.

Discussion also took place regarding the results around the immunisation target with 93% of eight-month-olds fully immunised, including 100% of Maori children which is a substantial increase on previous quarters.

The report was noted

#### **6. MAORI HEALTH ACTIVITY UPDATE**

Gary Goghlan, General Manager, Maori Health, presented this report which provided an update on Maori Health for Q4 2012/13.

Using the 2006 census figures 100% of Maori were enrolled with the PHO as at the end of June 2013. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and have for the first time exceeded that of other ethnicities.



Discussion took place regarding the CVD Health Target and although nationally the West Coast sits in 6<sup>th</sup> place out of 20 DHBs for this target for Maori at 59%, all DHBs sit more than 20% away from the national target of 90%. The West Coast DHB, West Coast PHO and Poutini Waiora are implementing a targeted approach to increase the number of Maori having their cardiovascular risk assessment done.

The report was noted

## **7. ALLIANCE UPDATE – QUARTERLY REPORT**

Carolyn Gullery, General Manager, Planning & Funding, presented this update which was taken as read.

This report provided an update of progress made on the implementation of “Better Sooner More Convenient” for Q4 2012/13.

Discussion took place regarding the Health Needs Analysis and whether this means that the Health Needs Assessment is underway. The Committee noted that is the case and that some of this work will inform the 14/15 planning process together with work undertaken around the Facilities Business Case.

The Committee noted that in regard to transport options there is still a Regional process being undertaken which is almost completed.

The update was noted.

## **8. GENERAL BUSINESS**

Discussion took place regarding Disability issues and the Committee noted that the Ministry of Social Development have a programme called “think differently”. It was agreed that this would be placed on the agenda for the next meeting.

The General Manager, Planning & Funding suggested that a disability plan be put together to focus on what is taking place in the area on the West Coast.

### **INFORMATION ITEMS**

- Chair’s report to last Board meeting
- Board Agenda 2 August 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule
- PHO Quarterly Report

There being no further business the meeting concluded at 10.25am.

Confirmed as a true and correct record:

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Elinor Stratford  
Chair

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Date

## CARRIED FORWARD/ACTION ITEMS



*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

### COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 10 October 2013

	DATE RAISED	ACTION	COMMENTARY	STATUS
1.	22 August 2013	Alliance Leadership Presentation	To include information regarding membership	To be scheduled
2.	22 August 2013	Report regarding car accidents on the West Coast	As per tabled newspaper article.	To be presented when available

# COMMUNITY AND PUBLIC HEALTH UPDATE



**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Community and Public Health

**DATE:** 10 October 2013

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Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing information regarding the work of Community and Public Health on the West Coast.

## 2. RECOMMENDATION

That the Committee;  
i. notes the Community and Public Health Update

## 3. SUMMARY

The purpose of this report is to provide the Committee with information and highlights of Community and Public Health's work.

## 4 APPENDICES

Appendix 1: Community and Public Health Update

Report prepared by: Jem Pupich, West Coast Team Leader, Community and Public Health

Report approved for release by: Dr Cheryl Brunton (Public Health Specialist) and  
Derek Benfield (Regional Manager, CPH West Coast)

**REPORT to WCDHB CPHAC/DSAC**  
**COMMUNITY AND PUBLIC HEALTH (CPH)**  
**September 2013**

**Liquor Licensing**

An application to open a new bottle store in Westport has been withdrawn recently as a result of community action. The Buller District Licensing Authority received a staggering 181 submissions objecting to the issuing of a liquor license for a new business, Buller Liquor Centre, at 96 Palmerston Street, Westport. While 163 of the submissions were deemed invalid as the person objecting had not stated why they had a greater interest in the application than the general public, 18 were valid and included the required information. Community and Public Health staff had spoken to members of the local community and provided several of them with a guide to making a valid submission. Both the Police and the Medical Officer of Health objected to the granting of an off-licence. The applicant withdrew their application following the large number of objections made.

**Psychoactive Substances Act (PSA) 2013**

The purpose of this Act is to regulate the availability of psychoactive substances in New Zealand to protect the health of, and minimise harm to, individuals who use psychoactive substances. At present the Police are the key enforcement agency of the Act. Public Health Units have been asked to liaise with Police and assist where required. This could change when the regulations are written and released later this year and it is likely that some public health staff will become designated enforcement officers under this legislation..

CPH has assisted the Police to identify stores selling these substances and to carry out controlled purchase operations. We have a close relationship with the Police and have already carried out joint visits to the two Greymouth premises with interim licences to check on compliance. While one store complied with the requirements of the Psychoactive Substances Act it had tobacco products visible to the public which is in breach of the Smokefree Environments Act. CPH staff were also investigating a similar breach at a second store that was open briefly in Greymouth, however, this premise closed as a result of community action after being open for approximately a week. A third premise in Westport which was selling psychoactive substances has also since closed.

There is currently only one licensed retailer who can sell these products located on the West Coast. Any new retailer now has to register with the Ministry of Health and obtain a license to sell approved psychoactive products. The Act makes provision for local authorities to develop Local Approved Product Policies which can regulate where stores selling these products can be located. CPH has offered to assist Councils in doing this.

**Smokefree WERO Challenge**

Māori, Pacific and low income people have significantly higher smoking rates compared to non-Māori, non-Pacific and high income people in New Zealand. According to a 2011/2012 Ministry of Health Survey; Māori people are 2.4 times more likely, and Pacific people are 1.3 times more likely to be current smokers than non-Māori and non-Pacific.

Working with whānau or groups is not new to Māori and Pacific people. It, also aligns with our efforts to work with these people in a holistic way. The WERO challenge (Whānau End Smoking Regional Whānau Ora challenge) is a national quit smoking competition. Teams of 10 smokers (verified by a cessation practitioner) aged 16+ years can enter from anywhere in New Zealand. The teams are asked to identify a kaihautu (coach) and also are assigned a kaiwhakatore (smoking cessation worker). The WERO competition runs from 1 September -30 November. There are prizes at the end for the team with the most team members who have successfully quit smoking (verified with a carbon monoxide monitor reading). There are also some prizes to be won along the way.

The West Coast Tobacco Free Coalition first heard about the challenge at the beginning of August this year, and got together to discuss identifying and supporting a team here. A National WERO representative was invited to come to discuss the WERO Challenge with the Coalition including the challenge rules, prizes, and information on registering a team. Conversations around the challenge were had with smokers and people working with smokers in communities from around the Coast. There was a lot of interest and the team approach was appealing. As a result one team from Hokitika has registered and got on board a collective waka for the competition.

The Hokitika team are rowing their virtual waka that they named 'Te Waka o Poutini' by logging their progress online. Each team member, their coach and the Aukati Kai Paipa practitioner from CPH have some involvement with the Māori health provider – Rata Te Awhina Trust. The Te Waka o Poutini crew are meeting regularly with their coach and Aukati Kai Paipa practitioner and are being encouraged to support each other by sharing their experiences.

### Drinking Water Assistance Funding

It was announced recently that all the applications from the West Coast Drinking Water Subsidy Programme 2012/13 were successful. Karamea in Buller District, Haast in Westland District, Runanga, Dobson, Taylorville and Stillwater in the Grey District all received funding for drinking water improvements. The amounts of funding recommended are shown in the table below.

Applicant Name	Water Supply Name	Total Project Cost	Amount of Subsidy Requested	Funding Recommended by Committee
Buller DC	Karamea	\$150,000	\$127,500	\$127,500
Grey DC	Dobson, Taylorville & Stillwater	\$1,083,360	\$879,865	\$834,507
Grey DC	Runanga	\$604,318	\$453,239	\$264,000
Westland DC	Haast	\$348,244	\$259,786	\$242,637

The next round of applications for drinking-water subsidies closes at the end of February 2014 and applicants need to have their applications to CPH before Christmas, to ensure there will be no delays with achieving the deadlines. This should enable time for adequate review and any additional information to be provided by the applicant in time for the closing date. At this stage CPH anticipates at least one application may be expected from each council for communities in their district and that the Inangahua Junction community water supply which ran out of water during last summer's drought is likely to be included.

### The Wellbeing Game

CPH's Mental Wellbeing Coordinator and Health Promoting Schools Facilitator are going all out to get everyone on the Coast playing the Wellbeing Game as a way to greater creativity, higher productivity, better social cohesion, increased happiness and life satisfaction as well as reduced physical illness and mental distress.

The Wellbeing Game is an online activity where all you do is record the things that enhance your wellbeing on a day-to-day basis under the following categories: Connect, Give, Take Notice, Learn and Be Active. Evaluation of last year's game has shown that playing the Wellbeing Game is associated with improved wellbeing, particularly in those players who played for the whole month and who played as part of a team. We encourage CPHAC/DSAC members and their families and/or colleagues to get a team together and play from **7<sup>th</sup> October to 3<sup>rd</sup> November**. The game is being played nationally in celebration of Mental Health Awareness Week.

Playing the Wellbeing Game is a good way of reminding ourselves about all the things we do that help to keep us well and make us feel good. The beauty of this game is that it's based on what you are already doing - just be aware of what makes you feel good, such as going for a walk with a friend, decide which of the five categories it fits under, and enter the time spent doing it.

You can enter your team online now [www.thewellbeinggame.org.nz](http://www.thewellbeinggame.org.nz)



**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Planning & Funding

**DATE:** 10 October 2013

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 1. ORIGIN OF REPORT

This report is a standing agenda item, highlighting the progress made on the Minister of Health's health and disability priorities and the West Coast DHB's Annual Plan key priority areas.

## 2. RECOMMENDATION

That the Committee notes the Planning and Funding Update.

## 3. SUMMARY

This report presents the financials in a new way for the first time, enabling trends to be tracked.

### ✓ Key Achievements

- **ED health target:** The West Coast continues to perform well above the 95% ED health target; results for the year to 31 August 2013 show that 99.7% of patients were admitted, discharged or transferred within 6 hours - and 95.9% within just 4 hours.
- **Cancer health target:** The West Coast achieved the cancer treatment health target in the first two months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- Monthly results show continued strong performance against the **secondary care smokefree health target**, reaching the 95% of hospitalised smokers receiving advice and help to quit for both July and August 2013.

### \* Key Issues & Associated Remedies

- An action plan is currently being developed between the DHB and the PHO on how we plan to build on the work already being done to take a more integrated approach to the delivery of the two **primary care health targets**: *Better Help for Smokers to Quit* and *More Heart and Diabetes Checks*. The Ministry of Health has made available some new funding, which will assist with these initiatives.

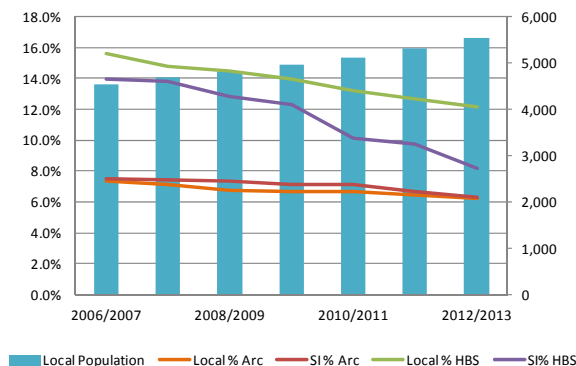
### ① Upcoming Points of Interest

- Implementation of a **restorative homecare model** as part of the Complex Clinical Care Network project continues to make progress. The next milestone will be the separation of responsibility for complex and non-complex assessments, due to take place on 14 October.
- A Canterbury/West Coast **WellChild/Tamariki Ora Network** has been developed, enabling providers to network and support consistency of service provision and resources.
- Work continues on increasing integration to enhance responsiveness and flexibility of **mental health services** across the system, and the Mental Health Review Panel will be finalising their recommendations in October.

Report prepared by: Planning and Funding  
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

# Older Persons' Health

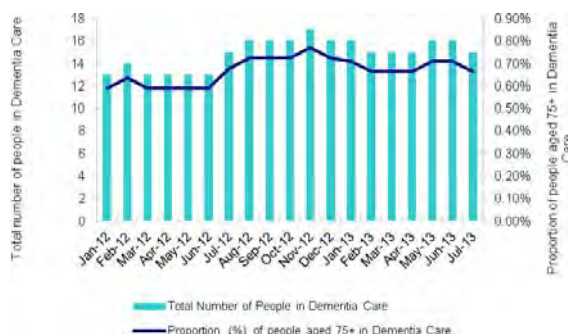
People 65+ Receiving Home-based support vs. in ARC



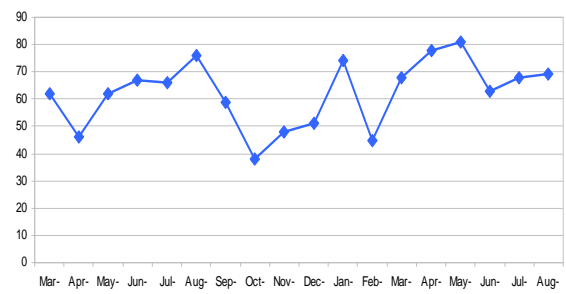
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



## ACHIEVEMENTS / ISSUES OF NOTE

**Maximising independence model for homecare:** The Complex Clinical Care Network (CCCN) project continues to make progress. The Community Services Operations Manual has been prepared for the West Coast services, and a date of 14 October 2013 has been set for the separation of responsibility for complex and on-complex assessments to take place. After the split, the CCCN will be responsible for assessments of clients with complex needs and the home-based support providers will take responsibility for the assessments of people with non-complex needs.

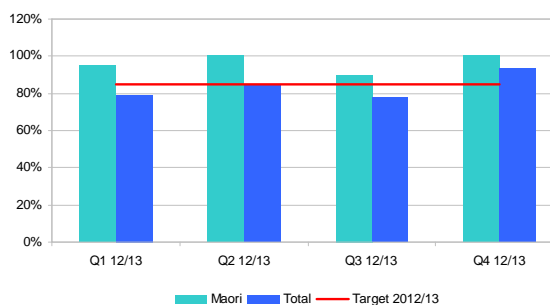
In late August and early September 2013, further training was provided to the West Coast DHB home-based support service (Coasters), to Access Home Health Care and to CCCN staff on restorative home-based support, particularly goal-setting.

# Child, Youth & Maternity

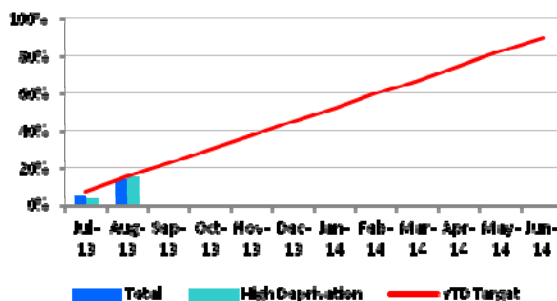
Acute medical discharge rates for children (age 0-14)



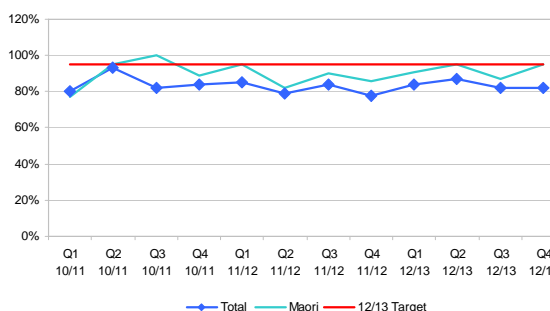
Immunisation HT: Eight-month-olds fully immunised



B4 School Check coverage



Two-year-olds fully immunised



## ACHIEVEMENTS / ISSUES OF NOTE

**Immunisation:** Good progress continues with HPV vaccine uptake. The team is now vaccinating for dose three. Data shows that around 58% of girls consented to the programme, and of those around 98% are vaccinated. However, this only gives the DHB an uptake of 57% for doses one and two.

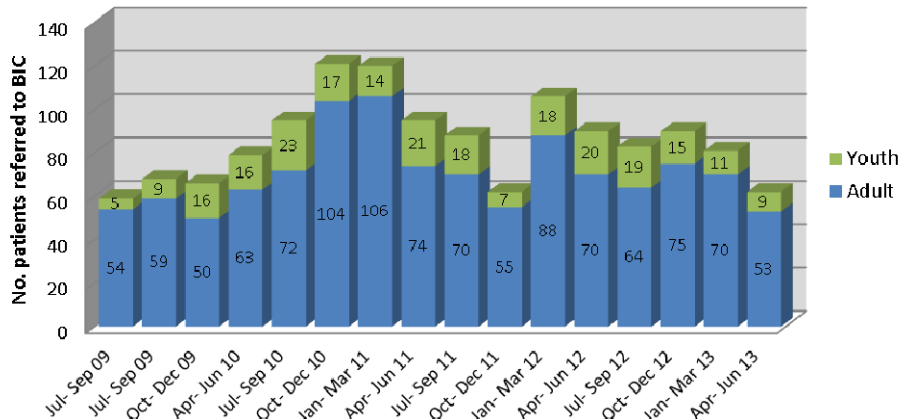
A position paper has been completed on what interventions could be made to streamline immunisation events on the West Coast. The paper has been sent to the Alliance Leadership Team for approval.

**Well Child/Tamariki Ora:** A Canterbury/West Coast WellChild/Tamariki Ora Network has been developed as an opportunity for providers to network across the two DHBs, as well as to support consistency across service providers in regards to services provision and resources. It was agreed that the first action to be addressed by the West Coast work group is geographical coverage of service providers – i.e., who is currently delivering where. This will then be followed by communications to the community, as well as to health professionals.

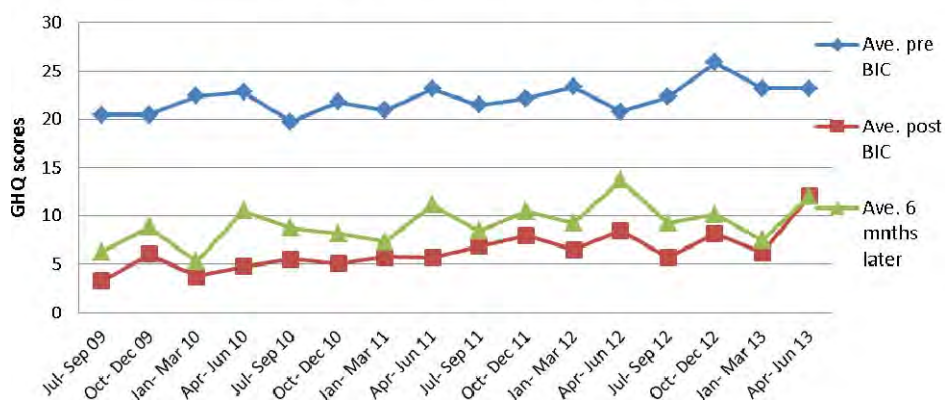


# Mental Health

**Patients - brief intervention counselling**



**Patient outcomes (change in GHQ scores)**



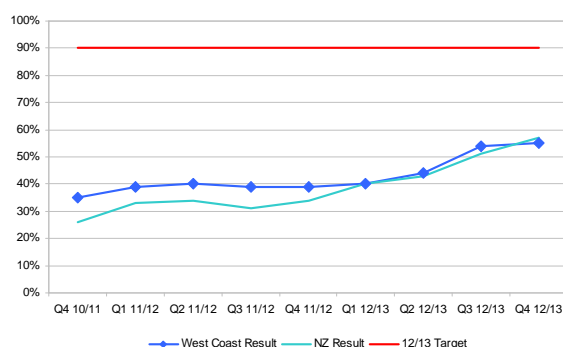
## ACHIEVEMENTS/ISSUES OF NOTE

**System Planning:** The Mental Health Review Panel is reconvening on 8 October 2013 to finalise their recommendations and complete their report.

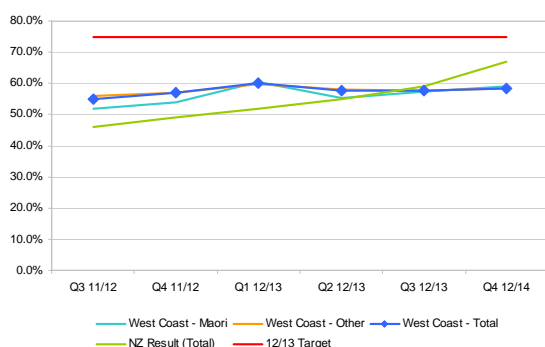
While this is occurring, work continues on increasing integration to enhance responsiveness and flexibility, in line with the national Service Development Plan, 'Rising to the Challenge'. All opportunities are taken to strengthen collaboration across primary care, NGOs and secondary care services. This includes reconfiguration of PACT Trust services to increase access and allow more individualised recovery-oriented care.

# Primary Care & Long-Term Conditions

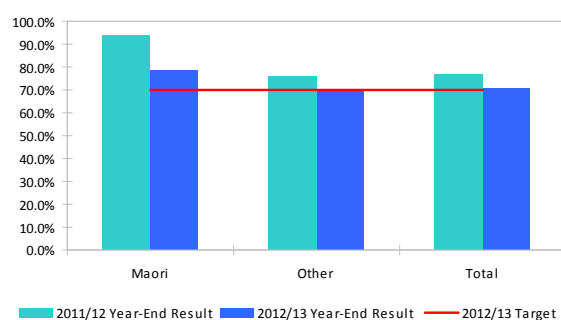
**Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit**



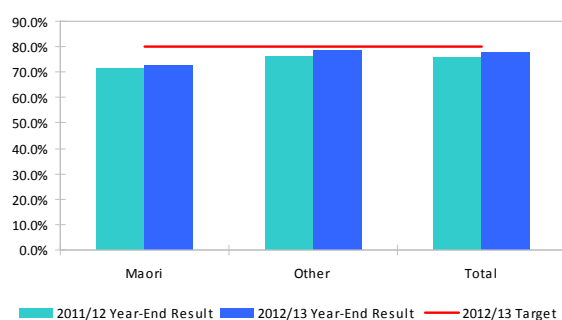
**CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years**



**Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year**



**Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check**



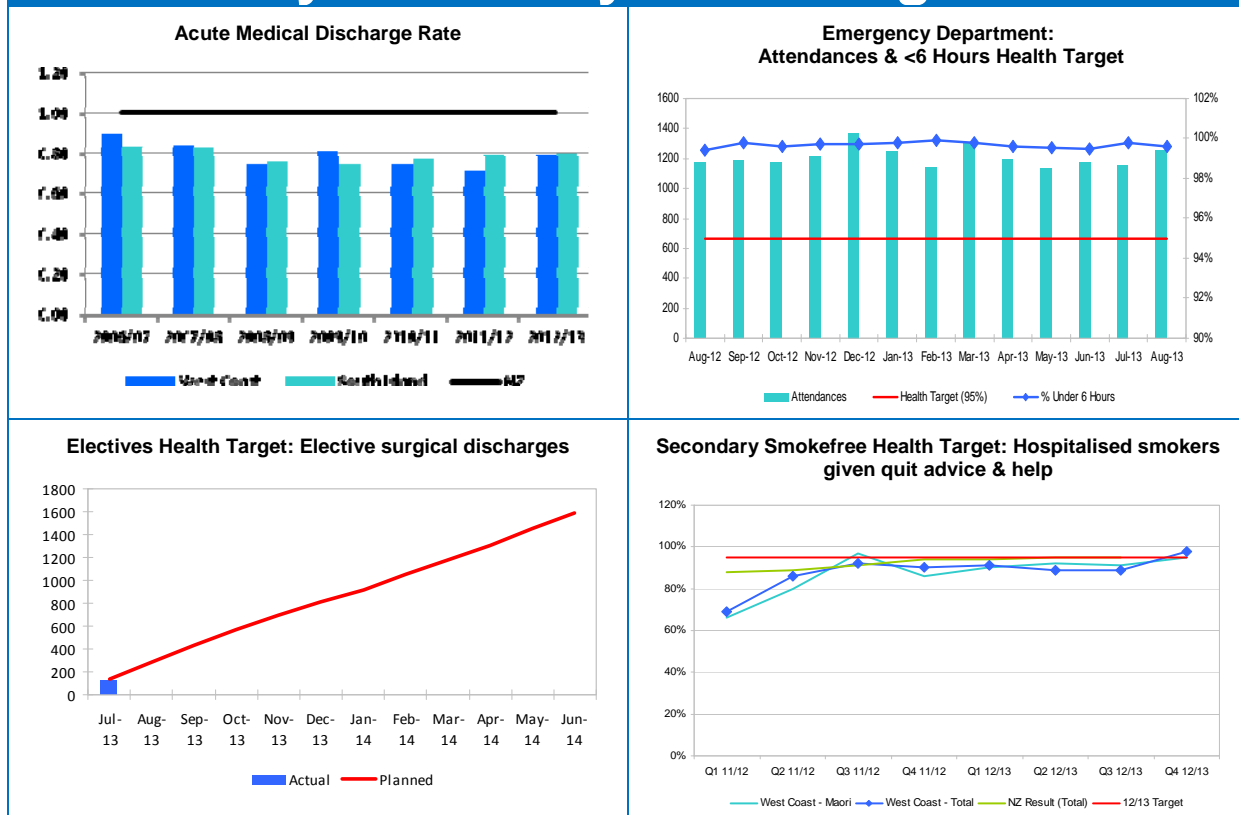
## ACHIEVEMENTS / ISSUES OF NOTE

**Primary care health targets:** A pool of new funding has been made available to support initiatives in primary care to provide more heart and diabetes checks and diabetes care improvement (for which the PHO is looking to increase the number of retinal screening clinics to be held during 2013/14). This funding is allocated over four years, diminishing in value over the time.

A small, one-off pool of funding has also been given for 2013-14 to provide better help in primary care for support for smokers to quit.

An action plan is currently being developed between the DHB and the PHO on how we plan to build on the work already being done to take a more integrated approach to the delivery of the two primary care health targets: *Better Help for Smokers to Quit* and *More Heart and Diabetes Checks*.

# Secondary Care & System Integration



## ACHIEVEMENTS / ISSUES OF NOTE

**ED health target:** The West Coast continues to perform well above the 95% Emergency Department health target. Results for the year to 31 August 2013 show that 99.7% of patients were admitted, discharged or transferred within 6 hours. Furthermore, 95.9% were admitted, discharged or transferred within just 4 hours during the same two-month period.

**Cancer health target:** The West Coast achieved the cancer treatment health target in the first two months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.

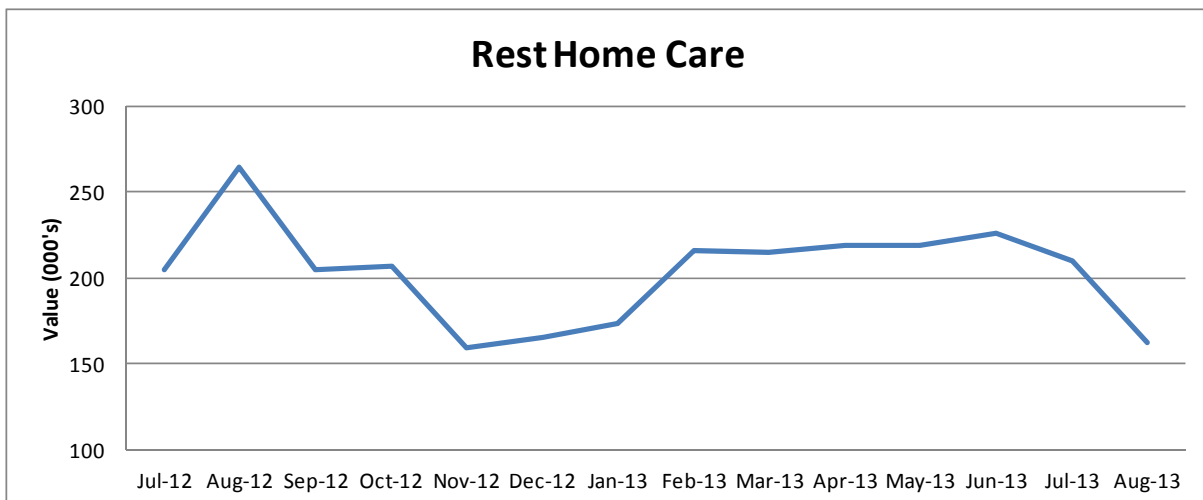
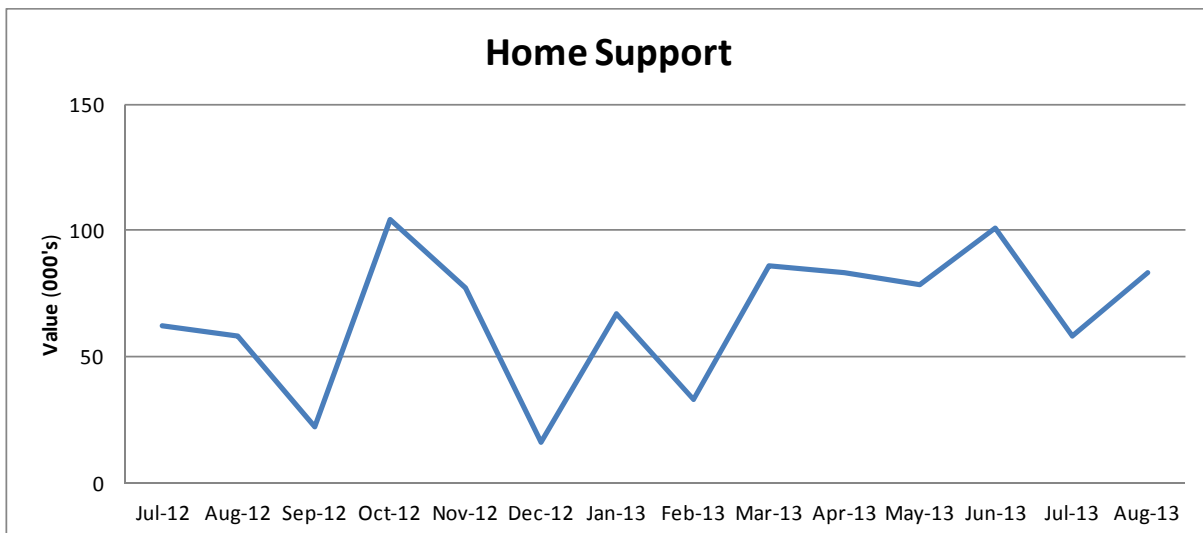
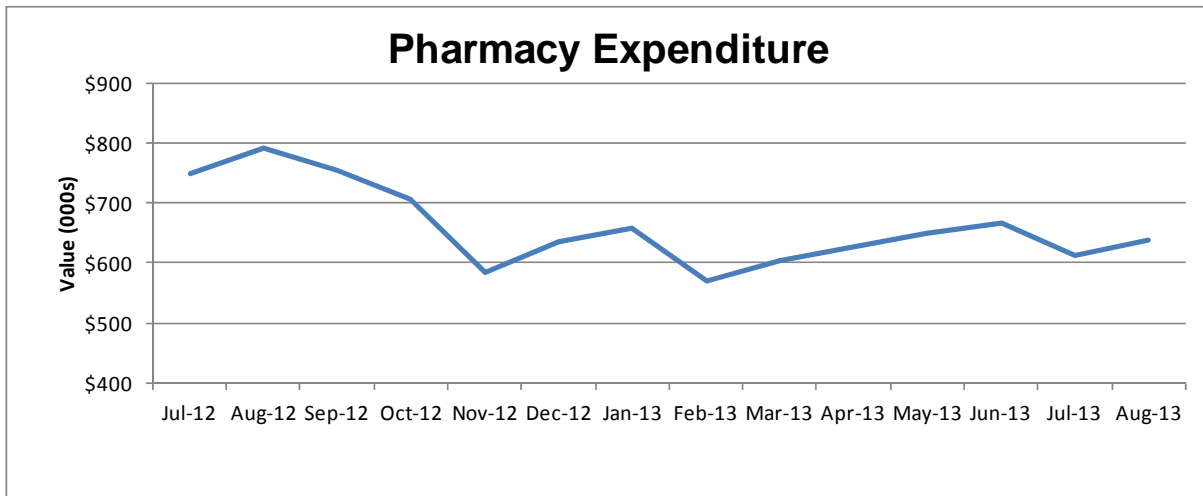
**Secondary care smokefree health target:** Monthly results show that the West Coast DHB continues to perform well against the secondary care smokefree health target, reaching the 95% target for both July and August. Smokefree staff continue to drive clinical focus and promote the rationale for the smokefree health target. Work has begun on a Nicotine Replacement Therapy (NRT) charting audit report, with the support of senior management and clinicians. The DHB is keen to encourage more charting of NRT for inpatients who smoke, both for the benefit of the patients and as a means of linking clinical relevance to the health target.

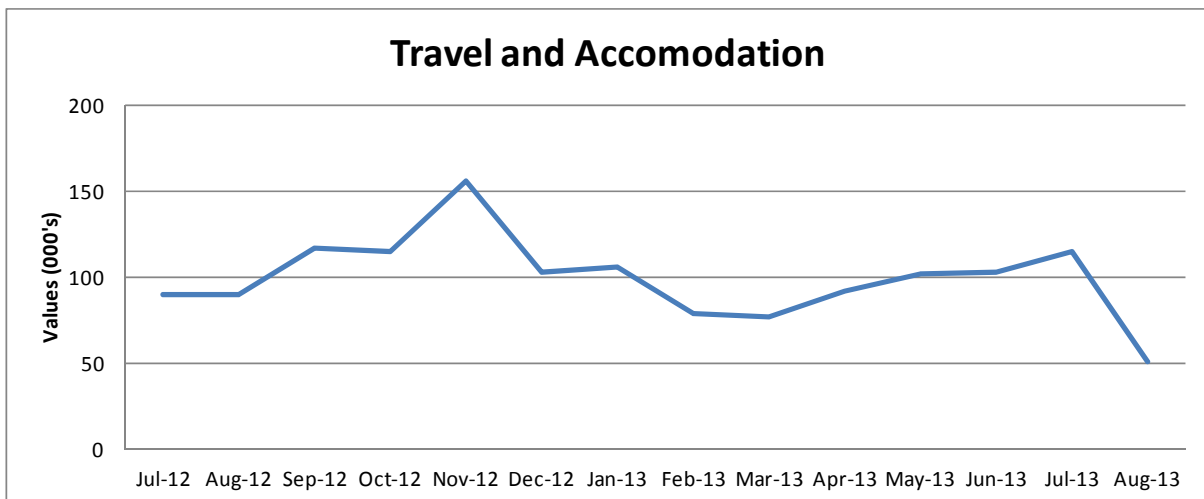
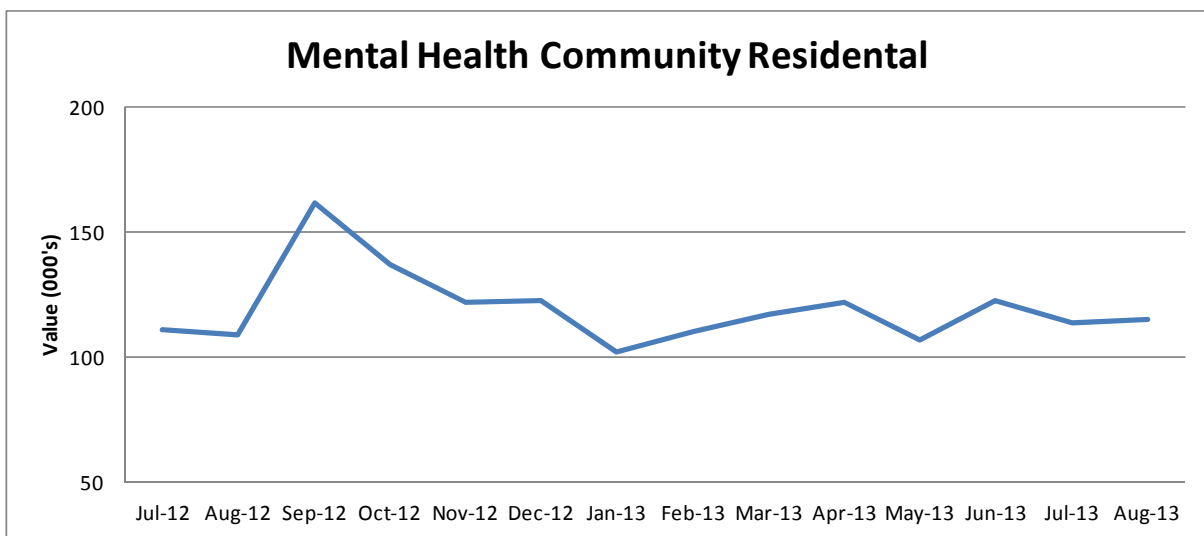
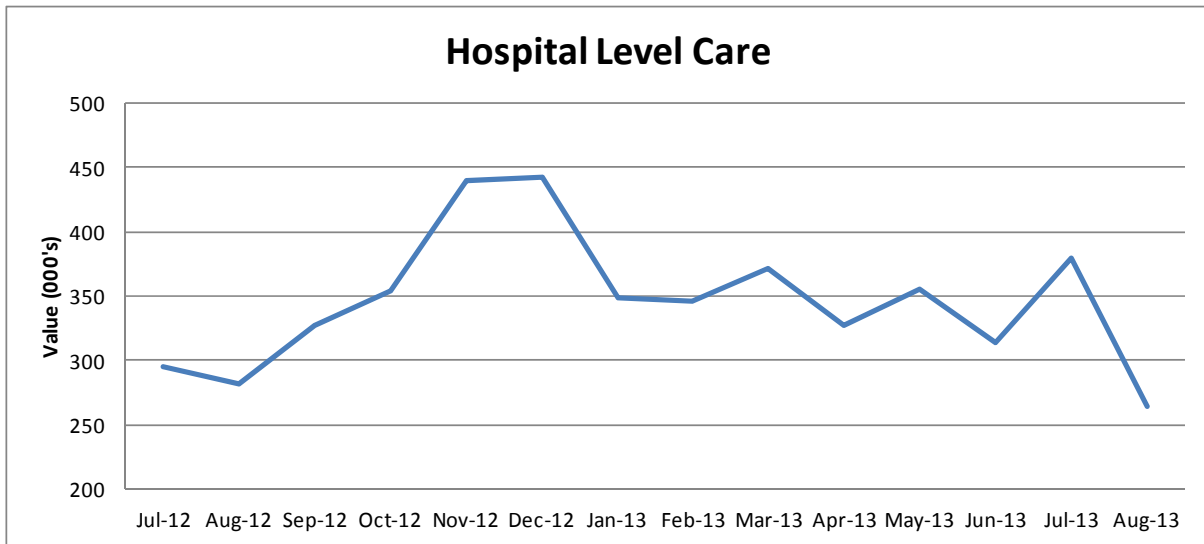
**Electives health target:** West Coast DHB was slightly behind by 11 cases for the first month of the new financial year, delivering 129 discharges for the month of July. This shortfall is not considered material and is expected to be remedied in future months.

**ESPI compliance:** Four patients exceeded the new maximum 150 days' wait time target for ESPI 2 (3 general medical patients and 1 respiratory patient), and four orthopaedic patients exceeded the 150 days maximum wait for ESPI 5 at the end of July 2013. However, we expect to regain compliance for both ESPI 2 and 5 in September.

# Financials

The following graphs are presented to show expenditure trends over time:





# Planning and Funding Division

Month Ended August 2013

SERVICES	Year to Date					2013/14 Annual Budget
	Actual	Budget	Variance			
	\$000	\$000	\$000	%	\$000	
Primary Care						
Dental-school and adolescent	79	86	7	8%	512	
Maternity	0	4	4	100%	20	
Pregnancy & Parent	0	2	2	100%	8	
Sexual Health	0	6	6	100%	33	
General Medical Subsidy	5	4	-1	-25%	28	
Primary Practice Capitation	1,098	1,156	58	5%	6,930	
Rural Bonus	159	158	-1	-1%	952	
Child and Youth	3	10	7	70%	55	
Immunisation	7	8	1	13%	53	
Maori Service Development	27	24	-3	-13%	148	
Whanau Ora Services	126	90	-36	-40%	536	
Palliative Care	18	34	16	47%	215	
Chronic Disease	9	16	7	44%	87	
Minor Expenses	19	36	17	47%	215	
	1,546	1,634	88	5%	9,792	
Referred Services						
Laboratory	99	112	13	12%	675	
Pharmaceuticals	1,250	1,374	124	9%	8,238	
	1,349	1,486	137	10%	8,913	
Secondary Care						
Inpatients	204	192	-12	-6%	1,161	
Radiology services	188	132	-56	-42%	795	
Travel & Accommodation	166	224	58	26%	1,344	
IDF Payments Personal Health	2,821	2,732	-89	-3%	16,396	
	3,379	3,280	-99	-3%	19,696	
Primary & Secondary Care Total						
	6,274	6,400	126	2%	38,401	
Public Health						
Nutrition & Physical Activity	44	22	-22	-100%	126	
Public Health Infrastructure	0	12	12	100%	73	
Tobacco control	24	24	0	0%	137	
Screening programmes	-2	0	2		6	
Public Health Total	66	58	-8	-14%	342	
Mental Health						
Eating Disorders	0	4	4	100%	23	
Mental Health Work force	2	0	-2		0	
Day Activity & Rehab	103	94	-9	-10%	569	
Advocacy Consumer	19	20	1	5%	115	
Advocacy Family	25	22	-3	-14%	132	
Minor Expenses	0	6	6	100%	30	
Community Residential Beds	229	234	5	2%	1,408	
IDF Payments Mental Health	138	138	0	0%	823	
	516	518	2	5%	3,100	
Older Persons Health						
Home Based Support	141	112	-29	-26%	665	
Caregiver Support	7	18	11	61%	111	
Residential Care-Rest Homes	378	427	49	11%	2,520	
Residential Care Loans	-6	-8	-2	25%	-51	
Residential Care-Community	27	52	25	48%	314	
Residential Care-Hospital	644	743	99	13%	4,371	
Day programmes	27	16	-11	-69%	96	
Respite Care	18	16	-2	-13%	99	
Community Health	5	8	3	38%	42	
IDF Payments-DSS	184	182	-2	-1%	1,089	
	1,422	1,566	144	9%	9,255	
Mental Health & OPH Total	1,938	2,084	146	7%	12,355	
Total Expenditure	8,278	8,542	264	3%	51,098	

**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Planning & Funding  
Alliance Leadership Team

**DATE:** 10 October 2013

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the implementation of 'Better, Sooner, More Convenient'.

## 2. RECOMMENDATION

That the Committee;  
i. Notes the Alliance Update.

## 3. SUMMARY

### PROGRESS OF NOTE:

- **Alliance Agreement** – The West Coast Health Alliance Agreement has now been signed by both Alliance partners, the West Coast DHB and the West Coast PHO.
- **Alliance Capability** - Members of the West Coast Health Alliance were invited to participate in a joint Canterbury & West Coast workshop, designed to enhance productivity across workstreams through building capability. The workshop also highlighted the need for rural, Māori & Pacific health equity to be clearly considered in the individual work plans.
- **Pharmacy Workstream** - The Pharmacist2GP initiative has been approved to start from 1 October. This supports Community Pharmacists to work in four general practices for around 2 hours per week to integrate the medication-related care of complex patients and improve the quality of medicine-related information held by practices. This initiative has a 12 month term but may be extended if it shows sufficient benefits for complex patients and the West Coast health system.
- **Grey/Westland Integrated Family Health Services** – Following a recent review of the workplan, and in light of resource constraint around project management, the development of an Acute Demand style of service has been identified as a priority. A proposal is before ALT detailing the structure and format for a potential gradual roll-out of this. Following endorsement, a working party will be set up to implement this.
- **Buller Integrated Family Health System** - Progress in the development of this workstream has been significantly impacted by project facilitation resource constraints. Kathleen Gavigan has agreed to undertake some of the project work under this workstream, and work has begun on prioritising activity.

- A permanent appointment has now been made to the Practice Manager role at Buller Health Medical Centre; this will allow the continuation of the work being done to stabilise General Practice, which in turn will allow further integration work to move forward.
- **Complex Clinical Care Network** – Progress on the development of a restorative homecare model through the Complex Clinical Care Network has accelerated. Progress to note is as follows:
  - A workshop has been held with University of Auckland Professor Matthew Parsons to outline the restorative model of care. This gave the CCCN and home-based support providers the overview of the model and encouraged them to consider and identify how this model can best be implemented on the Coast.
  - It has been agreed to utilise the *Community Services Operations Manual* from Canterbury as a basis for developing the West Coast's *Community Services Operations Manual*. Two working sessions have been completed by a subgroup and excellent progress on the revision has been made.
  - Education of assessors and Registered Health Professionals on goal ladder development is ongoing.
  - Discussions on the role of Allied Health in the CCCN have begun and are ongoing.
  - Consideration is being given as to how best to link the IDT and the CCCN to ensure the most seamless, efficient approach to client assessments, planning and service coordination.
  - All HBS provider staff will be trained in the use of InterRAI by end of September 2013.
  - The launch of the CCCN is planned for 3 October, with a focus on informing the community of the CCCN role/function and how to access it. It will also provide a broad overview of what restorative home-based care is and what it will mean for the patient.
- **Allied Health** – A review has been completed of Allied Health services and reporting structure with a view to improving integration locally and connections with colleagues in Canterbury. A Discovery Report with recommendations for the future is in progress.
- **Alliance Support** – Following a period of limited Project Facilitation support, a new Project Specialist has been appointed to support the Alliance functions. Recruitment is underway to appoint more resource to Planning & Funding; this will further support activity at both workstream and Leadership Team levels. There have been a number of high quality applicants, and interviews are being planned.

**Report prepared by:** Jenni Stephenson, Planning & Funding

**Report approved for release by:** Stella Ward, Chair, Alliance Leadership Team



# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 22 AUGUST 2013



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Chair, Community & Public Health & Disability Support Advisory Committee

**DATE:** 13 September 2013

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 22 August 2013. Following confirmation of the minutes of that meeting at the 10 October 2013 meeting, confirmed minutes of the 22 August 2013 meeting will be provided to the Board at its 25 October 2013 meeting.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

*“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*

- the health needs of the resident population of the West Coast District Health Board; and*
- any factors that the Committee believes may adversely affect the health status of the resident population, and*
- the priorities for the use of the health funding available*

*With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:*

- the disability support needs of the resident population of the West Coast District Health Board, and*
- the priorities for the use of the disability support funding provided.”*

*The aim of the Committee's advice must be:*

- to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.”*

*The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.”*

## 2. RECOMMENDATION

That the Board:

- i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 22 August 2013.
- ii. Asks management to revisit with Councils the fluoridation of water supplies on the West Coast.

### 3. **SUMMARY**

#### **ITEMS OF INTEREST FOR THE BOARD**

- **Community & Public Health Update.**

This report provided the Committee with updates on: Grey District Council Economic Development Strategy; Grey High School Careers Expo; and the Youth Health Action Group.

Discussion also took place regarding the fluoridation of West Coast water supplies and the Committee asked that a recommendation be made to the Board that this be revisited with the local Councils.

- **Planning & Funding Update**

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan priorities.

The Committee noted that trends show a reduction in the amount of people moving into rest homes. This is the direction we have been trying to encourage with an outcome of keeping people well in their own homes. It was noted that specialist dementia care does not have this same trend. The growth in District Nursing workload was also noted.

Planning for the roll out of electronic shared care has commenced and this will enable access to all interested parties.

Discussion took place regarding the wait times for non-urgent routine GP appointments still being 11 days. The Committee noted that the DHB is refocusing its investment into Primary Care to improve this.

Discussion also took place regarding the results around the immunisation target with 93% of eight-month-olds fully immunised, including 100% of Maori children which is a substantial increase on previous quarters.

- **Maori Health Activity Update**

This report provided an update on Maori Health for Q4 2012/13.

Using the 2006 census figures 100% of Maori were enrolled with the PHO as at the end of June 2013. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and have for the first time exceeded that of other ethnicities.

Discussion took place regarding the CVD Health Target and although nationally the West Coast sits in 6<sup>th</sup> place out of 20 DHBs for this target for Maori at 59%, all DHBs sit more than 20% away from the national target of 90%. The West Coast DHB, West Coast PHO and Poutini Waiora are implementing a targeted approach to increase the number of Maori having their cardiovascular risk assessment done.

- **Alliance Update – Quarterly Report**

This report provided an update of progress made on the implementation of “Better Sooner More Convenient” for Q4 2012/13.

Discussion took place regarding the Health Needs Analysis and whether this means that the Health Needs Assessment is underway. The Committee noted that is the case and that some of this work will inform the 14/15 planning process together with work undertaken around the Facilities Business Case.

The Committee noted that in regard to transport options there is still a Regional process being undertaken which is almost completed.

- **General Business**

Discussion took place regarding Disability issues and the Committee noted that the Ministry of Social Development have a programme called “think differently”. It was agreed that this would be placed on the agenda for the next meeting.

The General Manager, Planning & Funding suggested that a disability plan be put together to focus on what is taking place in the area on the West Coast.

Discussion also took place regarding the role of the Committee and what advice the Committee should be providing to the Board. As part of this discussion it was agreed that management would look at how the Committee can be involved in the next planning process.

#### **4. APPENDICES**

Appendix 1:                      Agenda – Community & Public Health & Disability Support Advisory Committee – 22 August 2013.

Report prepared by:        Elinor Stratford,  
Chair  
Community & Public Health & Disability Support Advisory Committee

**COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
**To be held in the Board Room, Corporate Office, Greymouth Hospital**  
**Thursday 22 August 2013 commencing at 9.00am**

## ADMINISTRATION

**9.00am**

Karakia

Apologies

**1. Interest Register**

*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*

**2. Confirmation of the Minutes of the Previous Meeting & Matters Arising**

*11 July 2013*

**3. Carried Forward/ Action Items**

*(There are no carried forward items)*

## REPORTS/PRESENTATIONS

**9.10am**

**4. Community and Public Health Update**

Jem Pupich  
*Team Leader, Community and Public Health*

*9.10am - 9.25am*

**5. Planning & Funding Update**

Carolyn Gullery  
*General Manager, Planning & Funding*

*9.25am - 9.40am*

**6. Maori Health Activity Update**

Gary Coghlan  
*General Manager, Maori Health*

*9.40am - 9.55am*

**7. Alliance Update – Quarterly Report**

Carolyn Gullery  
*General Manager, Planning & Funding*

*9.55am - 10.10am*

**8. General Business**

Elinor Stratford  
*Chair*

*10.35am - 10.50am*

## ESTIMATED FINISH TIME

**10.50am**

## INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 2 August 2013
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule
- PHO Quarterly Report

## NEXT MEETING

**Date of Next Meeting:** 10 October 2013 Corporate Office, Board Room at Grey Base Hospital.

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held at St John, Waterwalk Road, Greymouth**  
**Friday 13 September 2013 commencing at 10.00am**

<b>KARAKIA</b>			<b>10.00am</b>
<b>ADMINISTRATION</b>			<b>10.05am</b>
Apologies			
1.	<b>Interest Register</b>		
	<i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>		
2.	<b>Confirmation of the Minutes of the Previous Meeting</b>		
	▪ 2 August 2013		
3.	<b>Carried Forward/Action List Items</b>		
<b>REPORTS</b>			<b>10.15am</b>
4.	<b>Chair's Update – Oral Report</b>	Dr Paul McCormack <i>Chairman</i>	<i>10.15am – 10.25am</i>
5.	<b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i>	<i>10.25am – 10.40am</i>
6.	<b>Clinical Leader's Report</b>	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Kelly <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i>	<i>10.40am – 10.50am</i>
7.	<b>Finance Report</b>	Justine White <i>General Manager, Finance</i>	<i>10.50am – 11.00am</i>
8.	<b>Health Targets – 2002/13 Q4</b>	Carolyn Gullery. <i>General Manager, Planning &amp; Funding</i>	<i>11.00am – 11.10am</i>
9.	<b>Report from Committee Meetings</b>		
-	CPH&DSAC <i>22 August 2013</i>	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i>	<i>11.10am – 11.20am</i>
-	Hospital Advisory Committee <i>22 August 2013</i>	Sharon Pugh <i>Chair, Hospital Advisory Committee</i>	<i>11.20am – 11.30am</i>
-	Tatau Pomanau <i>22 August 2013</i>	Elinor Stratford <i>Board Delegate to Tatau Pounamu</i>	<i>11.30am – 11.40am</i>
10.	<b>Resolution to Exclude the Public</b>	<i>Board Secretariat</i>	<i>11.45am</i>

## **INFORMATION ITEMS**

- Confirmed Minutes
  - CPH&DSAC Meeting – 11 July 2013
  - HAC Meeting – 11 July 2013
- 2013 Meeting Schedule

## **ESTIMATED FINISH TIME**

**11.40am**

## **NEXT MEETING**

*Friday 25 October 2013 commencing at 10.00am*

## WORKPLAN FOR CPH&DSAC 2013 – BASED ON WEST COAST DHB PRIORITY PLAN

	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014
<b>STANDING ITEMS</b>	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	
<b>STANDARD REPORTS</b>	Health Target Q1 report  Planning & Funding Update  Alliance Update	Māori Health Activity Report  Planning & Funding Update  Community & Public Health Update  Alliance Update  BSMC Q2	Planning & Funding Update  Community & Public Health Update  Alliance Update  BSMC Q3	Maori Health Activity Report  Planning & Funding Update  Community & Public Health Update  Alliance Update  Health Target Q3 report	Planning & Funding Update  Community & Public Health Update  Alliance Update	Māori Health Activity Report  Planning & Funding Update  Community & Public Health Update  Alliance Update  BSMC Q4	Health Target Q4 report  Planning & Funding Update  Community & Public Health Update  Alliance Update	Māori Health Activity Report  Planning & Funding Update  Community & Public Health Update  Alliance Update  BSMC Q1	
<b>PRESENTATIONS</b>	As required	As required	Allied Health	As required	As required	As required	As required	As required	
<b>PLANNED ITEMS</b>	Smoke Free Position Statement		2012/13 Draft Maori Health Plan						
<b>GOVERNANCE AND SECRETARIAT</b>	2013 Work Plan							2014 Meeting Dates	
<b>DSAC Reporting</b>	As available	As available	As available	As available	As available	As available	As available	As available	
<b>INFORMATION ITEMS</b>	Latest Board Agenda Chair's Report to Board from last meeting  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan C&PH 6 Monthly report to MoH  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan 2013 Schedule of Meetings  PHO Quarterly Report	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan 2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan 2013 Schedule of Meetings  2012/13 Final Annual Plan	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan 2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan C&PH 6 Monthly report to MoH  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan 2014 Schedule of Meetings	

# HEALTH TARGET REPORT – QUARTER 4



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Planning & Funding

**DATE:** 13 September 2013

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with the West Coast DHB's progress against the national health targets for Quarter 4 (April – June 2013). The attached report (Appendix 1) provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 4 health target league table is attached as Appendix 2.

## 2. RECOMMENDATION

That the Board notes the West Coast's performance against the health targets.

## 3. SUMMARY

The West Coast has performed exceptionally well in Quarter 4. It has:

- Achieved the **ED health target**, with 99.6% of people admitted or discharged within six hours. The West Coast is leading the country in performance against this health target.
- Achieved 106% of the full-year **electives health target**, delivering 1,686 elective surgeries.
- Achieved the **faster cancer treatment health target**, with 100% of patients ready for radiation therapy or chemotherapy beginning treatment within 4 weeks of their specialist assessment.
- Achieved the **immunisation health target** for the first time, with 93% of all eight-month-olds fully immunised (the national target is 85%), including all Māori children.
- Met the **hospitalised smokers health target** for the first time, with 95% of hospitalised smokers having received advice and help to quit.

Health target performance has been weaker, but still improving, in the following areas:

- General practices' performance against the **primary care smokers health target** continues to show modest increases, with 55% of smokers attending primary care receiving advice and help to quit. Activities continue to focus on improving data capture, feedback and training.
- Performance against the **heart checks health target** has slightly increased to 58.4% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. A range of activities are occurring to follow up eligible patients and provide risk assessments, including active recall to nurse-led clinics and targeting of high-need populations.

It is anticipated that the installation of the Clinical Audit Tool (expected to be in the next quarter) will support improvement in both these targets.



#### 4. **APPENDICES**

Appendix 1:	Health Target Report – Quarter 4
Appendix 2:	Ministry Health Target League Table – Quarter 4
Report prepared by:	Planning and Funding
Report approved by:	Carolyn Gullery, GM Planning & Funding David Meates, Chief Executive

# National Health Targets

## Quarter 4 2012/13 Performance Summary

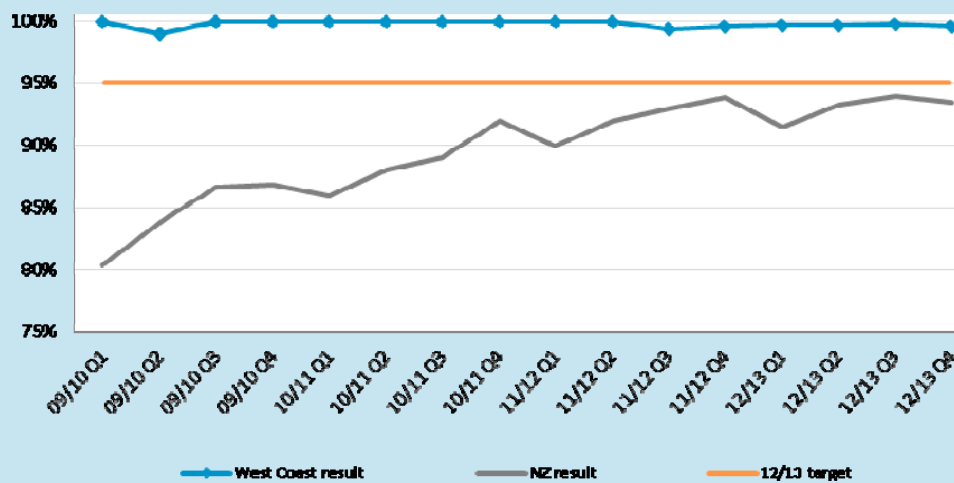
Target	Q1 12/13	Q2 12/13	Q3 12/13		Target	Status	Pg
<b>Shorter Stays in ED:</b> Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.7%	99.8%	99.6%	95%	✓	2
<b>Improved Access to Elective Surgery:</b> West Coast's volume of elective surgery	447 YTD	846 YTD	1,173 YTD	1,686	1,592	✓	2
<b>Shorter Waits for Cancer Treatment:</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
<b>Increased Immunisation:</b> Eight-month-olds fully immunised	79%	84%	78%	93%	85%	✓	3
<b>Better Help for Smokers to Quit:</b> Hospitalised smokers receiving help and advice to quit	91%	89%	91%	95%	95%	✓	3
<b>Better Help for Smokers to Quit:</b> Smokers attending general practice receiving help and advice to quit	40%	44%	53%	55%	90%	✗	5
<b>More Heart and Diabetes Checks:</b> Eligible enrolled adult population having had a CV risk assessment in the last 5 years	60%	58%	58%	58%	75%	✗	6

# Shorter Stays in Emergency Departments

**Target:** 95% of patients are to be admitted, discharged or transferred from an ED within 6 hours



Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours



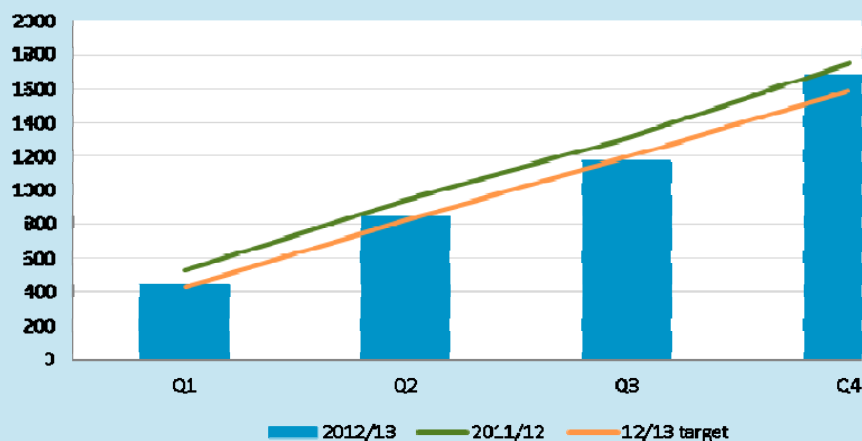
The West Coast continues to achieve impressive results against the ED health target, with **99.6%** of patient events admitted, discharged or transferred from ED within 6 hours during Quarter 4.

# Improved Access to Elective Surgery

**Target:** West Coast's volume of elective surgery is to be 1,590 in 2012/13



Figure 2: Elective surgical discharges delivered by the West Coast DHB<sup>1</sup>



**1,686** elective surgical cases were delivered to Coasters in the 2012/13 year, representing **106%** of our target delivery (94 discharges above target).

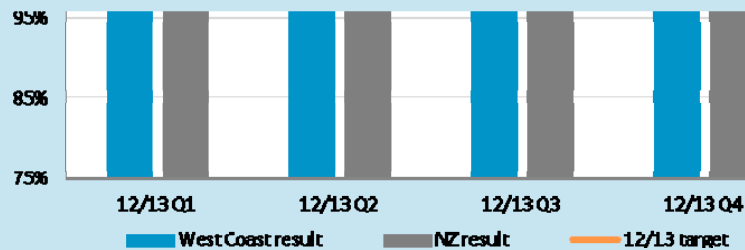
<sup>1</sup> Excludes cardiology and dental procedures. Progress is graphed cumulatively.

## Shorter Waits for Cancer Treatment

**Target:** 100% of people needing radiation or chemotherapy are to have it within four weeks



Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks<sup>2</sup>



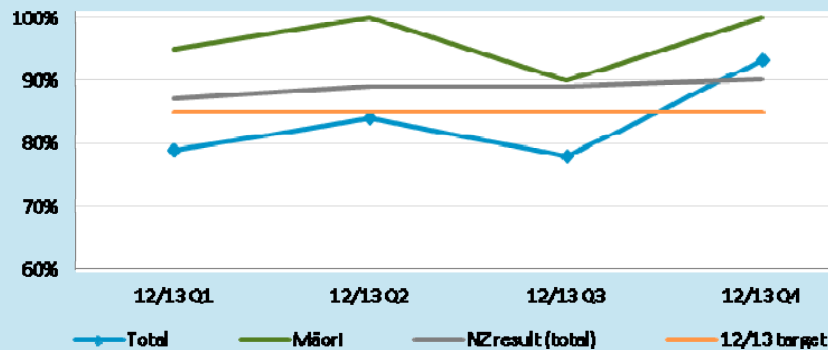
In Quarter 4, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

## Increased Immunisation

**Target:** 85% of eight-month-olds are to be fully immunised



Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



The West Coast achieved outstanding results in Quarter 4, with **93%** of all eight-month-olds fully immunised during the quarter – a large improvement on previous quarters and well above the national target of 85%. The West Coast also achieved strong results for Māori, with 100% of Māori eight-month-olds fully immunised.

This substantial improvement has been possible due to much lower rates of parents choosing to decline immunisation (1.7%, vs. 4.7% last quarter) or opt their child off the NIR (3.3%, vs. 11.6% last quarter).

This left just two eight-month-old children overdue for their vaccinations who had not opted off or declined. Both have been partially (but not yet fully) vaccinated, indicating engagement with immunisation services.

Due to staff changes on the West Coast, immunisation is now being managed by one person across Canterbury and West Coast DHBs. This will ensure a better understanding of what other DHBs are doing and the sharing of ideas. A Position Paper has been drafted for the West Coast that focuses on what interventions could be made to streamline immunisation events and ensure early identification of overdue children. The draft is currently being reviewed by the Chair of the West Coast Immunisation Advisory Group.

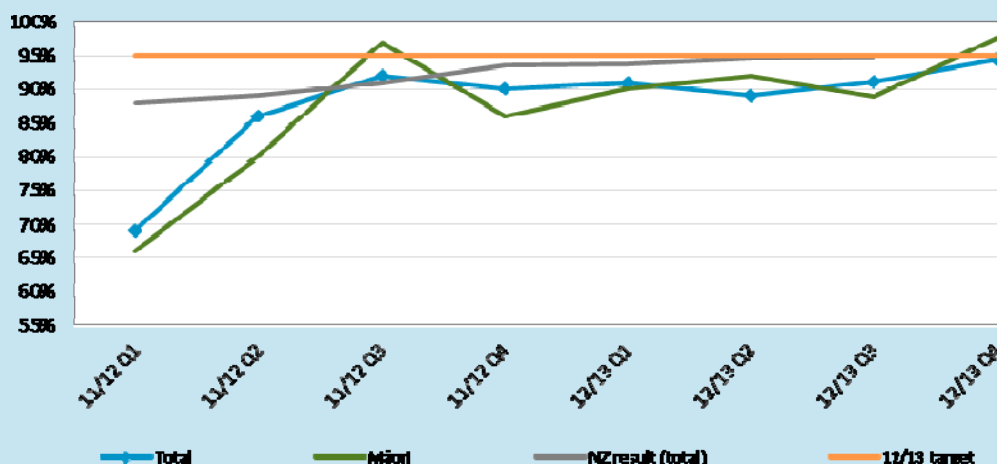
<sup>2</sup> The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

## Better Help for Smokers to Quit: Hospital

**Target:** 95% of hospitalised smokers are to receive help and advice to quit



Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



In Quarter 4, West Coast DHB staff provided **95%** of hospitalised smokers with smoking cessation advice and support – up from 91% in the previous quarter and meeting the national target for the first time.

Work has continued with Clinical Nurse Managers (CNMs) to identify ‘missed’ patients and pinpoint any gaps at ward level. Following up these patients has now become common practice by CNMs and has had a notable impact on the health target.

During the quarter, the Smokefree Services Coordinator (SSC) has focused on the training approach, ensuring there is a clear and simple rationale. The mandatory training content was reviewed and revised, making it shorter and more up-to-date. Alongside this, a new ‘on-site’ training option was developed, with a strong focus on the clinical relevance of the target. This was trialled at ED on request from the CNM and received positive feedback from staff.

ED was an area of focus this quarter; alongside the on-site training, there was regular communication with the CNM of both Buller and Grey EDs regarding the ABC initiative, and there has been positive progress in this area throughout the quarter (four of the six ‘misses’ in these two EDs occurred in April - showing improvement over May and June). There is now clarity around what is expected from staff; however, support and monitoring will continue into the next quarter.

An initial Quit Card ‘refresher’ half-day training during the quarter aimed to encourage staff to provide Quit Cards on discharge from hospital to again take the idea of ‘better help for smokers to quit’ further than just documenting the initial ABC. Two more Quit Card refresher courses will be held in Quarter 1 2013/14 (one each in Greymouth and Westport), and interest for these courses is already high.

The SSC has started background work on a Nicotine Replacement Therapy charting audit, which will be carried out and reported on in Quarter 1 2013/14. The DHB is keen to make this a positive exercise to use as another way of promoting the clinical relevance of the target, and has enlisted the support of the smokefree champions and senior clinicians.

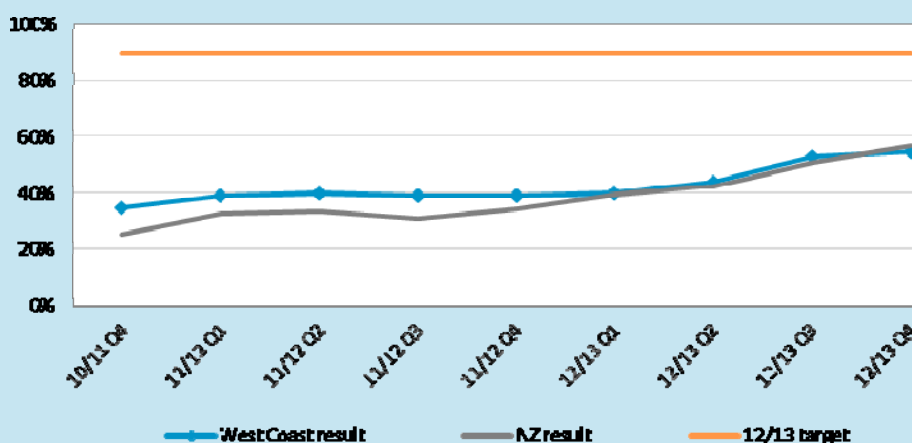
While small numbers continue to make the 95% target a challenge, the WCDHB is pleased to have achieved the target in Quarter 4 and is committed to continued achievement in future quarters.

## Better Help for Smokers to Quit: Primary Care

**Target:** 90% of smokers attending primary care are to receive help and advice to quit



Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking<sup>3</sup>



West Coast general practices have reported giving 2,370 smokers brief advice and help to quit in the year to 30 June 2013. This figure is an increase of 64 patients compared to the last quarter. The quit activity during this quarter represents **55%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 2% from the previous quarter.

The Smokefree Services Coordinator (SSC) continues to provide ABC training to new practice staff and to meet with PHOs to discuss results and overcome barriers. The SSC has also been using the monthly 'Primary Health Bulletin' (circulated to all practices' staff) as a means of providing practice-specific feedback on results and to keep the health target clinically relevant (e.g. providing the clinical rationale for ABC<sup>4</sup> and updates on Coast Quit cessation outcomes). Positive feedback has been received from practices on sharing cessation outcomes via the Bulletin so that a clear link can be made between the ABC intervention and patients quitting smoking.

Key activities during Quarter 4 included the following.

- Monthly coding and data entry training was implemented at the PHO as part of orientation for all new practice staff. The first of the new Quit Card Update sessions was delivered in May, with further sessions planned for July (Greymouth) and August (Westport).
- The PHO Clinical Manager is meeting with each practice to review their results and identify actions.
- Use of Healthstat to monitor practice performance. The Clinical Audit Tool (CAT) was to be installed during the quarter, but this has been delayed due to IT issues. A fix is now underway and should be completed within the next quarter. When installed, the CAT will enable clinicians to more easily identify patients who do not have a smoking status coded so that they can then plan for this data capture as part of their Quality Improvement process. The privately owned primary practice in Greymouth has the CAT up and running.
- The ABC 'call up' project has now worked in four practices, with good results in recording of brief advice as documented in patient notes, plus telephone interventions as indicated. The purpose of this project was to close the gap between A's and B's while sustainable systems for capturing and coding ABC (such as HealthStat and the CAT) were being implemented, and it is now nearing completion.

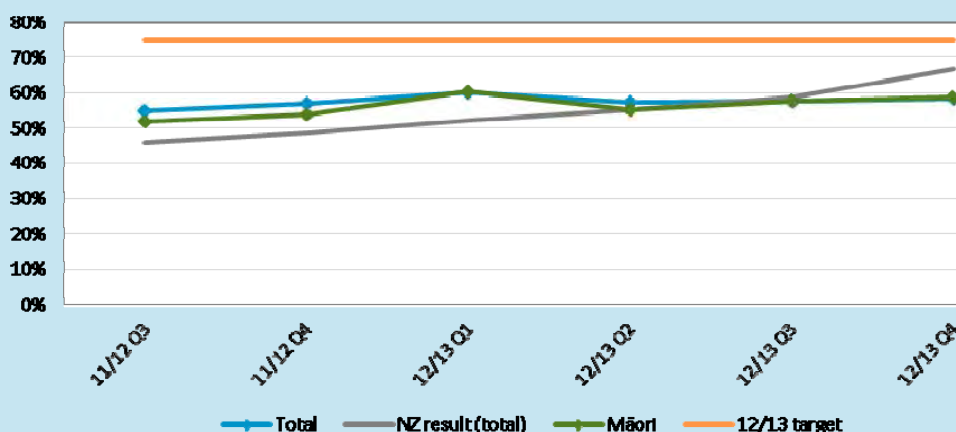
<sup>3</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

<sup>4</sup> The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.

## More Heart and Diabetes Checks

**Target:** 75% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years ✗

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years <sup>5</sup>



Data for the five years to 30 June 2013 shows that West Coast general practices have slightly increased coverage, with **58.4%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 57.8% in Quarter 3. A total of 580 CVRAs were conducted in Quarter 4 – up from 400 in Quarter 3.

Key activities during Quarter 4 included the following:

- Ongoing support from the PHO clinical manager to practice nurses/teams to identify eligible patients.
- Practice teams actively inviting eligible people to nurse-led clinics to have their CVRA.
- Concentration on the high-need population who haven't been screened. Practices receive quarterly reports on high-needs patients who aren't screened.
- Use of Healthstat to monitor practice performance. The Clinical Audit Tool (CAT) was to be installed during the quarter, but this has been delayed due to IT issues. A fix is now underway and should be completed within the next quarter. When installed, the CAT will enable practice teams to identify eligible patients who have not yet been screened and address this as part of their Quality Improvement process.
- Collaboration between newly appointed Rata Te Awhina Trust's Kaupapa Māori nurses, the PHO and several practices on outreach to Māori who have not responded to invitations for CVRA. Plans being developed include an awareness campaign; proactive patient follow-up; outreach services and community clinics; and a tailored package of care from Rata Te Awhina through its Kaupapa Māori Nurses and Kaiarataki (non-clinical Māori Health Navigator). Greymouth Medical Centre and Rata Te Awhina have begun working together to support Māori and Pacific people with long-term conditions through a Kaupapa nurse working within the practice. This will be a pilot model for other practices to follow.

The PHO Clinical Governance Board has supported the move to non-fasting blood testing for people who have never been screened before, with follow-up of identified high-risk people with a fasting test for diagnostic and treatment purposes. This should help remove one of the barriers to access, enabling opportunistic CVRA, instead of having people leave to fast in the first instance.

Patient focus remains paramount; in working to meet the target, we must also ensure quality care and follow-up for patients in the long-term conditions management programme to ensure the best health outcomes.

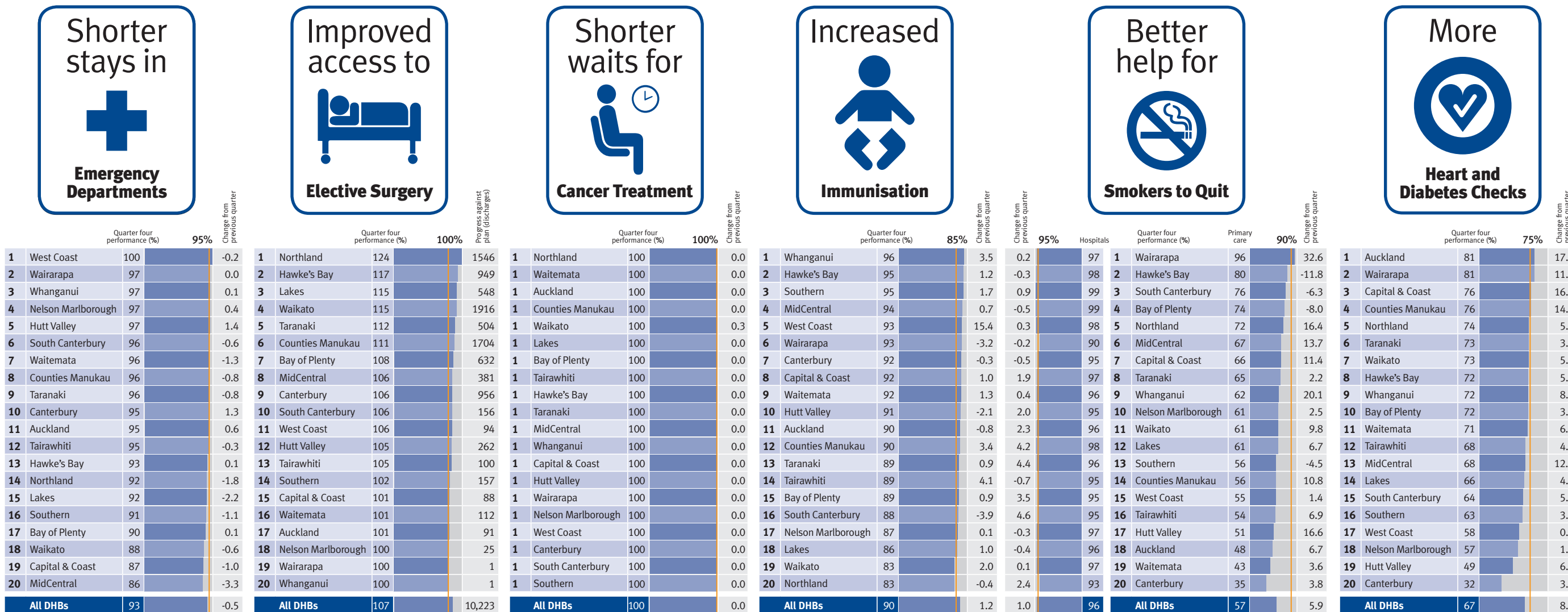
<sup>5</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

# How is My DHB performing?



2012/13 QUARTER FOUR (APRIL-JUNE) RESULTS

[www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)



## Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

From next quarter, some level two emergency department facilities will be included in the target.

## Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 148,259 discharges for the 2012/13 year, and have delivered 10,223 more.

## Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

## Increased immunisation

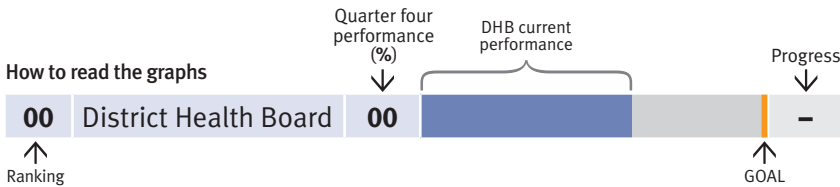
The national immunisation target is 85 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2013, 90 percent by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between April and June 2013 and who were fully immunised at that stage.

## Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

## More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The current stage is to achieve 75 percent by July 2013.



Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

*This information should be read in conjunction with the details on the website [www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)*



## Community and Public Health – West Coast PHU Whole-of-year reporting – July 2013

Policy			
Short Term Outcomes	Outcomes – progress and achievement	Activities(from Annual Plan)	Performance measures – progress and achievement
Local authorities incorporate public health perspectives in their plans, policies and decision-making.	<p>Indicator: <b>Local authority plans, policies and decisions promote good health and wellbeing of West Coast communities.</b></p> <p>Submissions have been made to the Draft annual plans of the 3 TA's that we deal with as well as the West Coast Regional Council. We also submitted to the Grey District Council Draft Economic Development Strategy.</p> <p>Final plans have not yet been seen to gauge the level of impact our engagement has achieved.</p> <p>We received positive feedback from councils on our submissions to the LTP process. Examples of points acknowledged or changed include; our recommendations on Warm up West Coast, ground water management, the importance of environmental sustainability and maintenance of the Coastal Pathway amongst others.</p>	<p>Participate in plan and policy development processes of West Coast district and regional councils, including making submissions.</p> <p>Take a proactive approach to Resource Management Act issues identifying opportunities for public health input.</p> <p>Provide timely input into local authority District Annual Plans, LTCCPs and other policy proposals.</p> <p>Work with community groups to develop collaborative structures that encourage public health input to local authority policy development and decision-making.</p>	<p><b>Local authority plans, policies and decision-making reflect public health input.</b></p> <p>CPH has been involved in the development of the Grey District Council's Draft Economic Development Strategy. CPH led the Sustainability, Health and Wellbeing section of the Strategy which is currently undergoing public consultation. The draft Strategy has 5 prioritised actions which include to „Develop and implement a Spatial Plan“ and „Promote health and ensure policies consider health and sustainability“</p> <p>CPH continues to coordinate the Active West Coast network. Active West Coast submitted to the Annual Plans of the 3 District Councils and the Regional Council. Submissions included support for insulation projects, active transport promotion, extension to Smokefree environments policies, advocacy for a Regional Alcohol Plan, planting of fruit trees in public spaces and support for the continued development of the Westland Wilderness Trail and Coastal Pathway. As members of AWC we also submitted on the Proposal to introduce Plain Packaging of Tobacco in New Zealand.</p> <p>CPH is an active member of the Coastal Pathway group – submissions were made to the Grey and Westland District Councils regarding continued support for the Westland Wilderness Trail and advocating for safety measures to include pedestrian and cycle rights of way over areas accessed by vehicles.</p> <p>As members of West Coast Tobacco Free Coalition, submissions were made to Westland, Grey and Buller District Council Annual Plans.</p> <p><b>Decisions of local authorities on matters relevant to public health have had input from CPH West Coast staff and the impact of our input is documented.</b></p> <p>As above Public Health continue to monitor TAs and submit on any Public Health issues that come to our attention.</p> <p><b>Records of CPH West Coast involvement and outcomes kept in</b></p>

		<p>Promote and participate in joint training opportunities with West Coast district and regional councils, particularly for Health Impact Assessment and Health in All Policies approaches.</p>	<p><b>Healthscape.</b> Records kept in the central filing system and Healthscape</p> <p><b>Extent to which local authority District Annual Plans, LTCCPs and policies reflect CPH West Coast input.</b> Final Annual Plans have not been adopted and we have not yet been able to gauge the level of difference we have made. We received positive feedback from councils on our submissions to the LTP process. Examples of points acknowledged or changed include; Warm up West Coast, ground water management, the importance of environmental sustainability and maintenance of the Coastal Pathway amongst others.</p> <p><b>Records of joint training are kept and impact evaluated from participant feedback.</b> CPH continued to provide Sale of Liquor Act Training for Duty Managers in partnership with Tai Poutini Polytechnic.</p> <p><b>Records of meetings and CPH West Coast involvement are kept. Impact evaluated from community group feedback and extent to which local authority policies and decisions reflect public health input.</b> Records of council responses to submissions are checked against LTPs and responses kept in Healthscape.</p>
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#### Highlights:

- The acknowledgement and inclusion of some of our recommendations in District and Regional Council LTPs as above.
- Grey District Council have now budgeted for maintenance of the Coastal Pathway for a period of 3 years. This was a recommendation that we made in our LTP submission.

#### Issues/Challenges/risks and actions taken:

- The changes to the Local Government Act removing the „four wellbeings“ provide a challenge to us in making submissions in that we now need to focus more on the public health implications of Council core functions when making submissions. We will continue to submit where wellbeing issues are identified however it may make it harder for us to achieve change.

Information			
Short Term Outcomes	Outcomes – progress and achievement	Activities(from Annual Plan)	Performance measures – progress and achievement
Timely, up to date health information resources are accessible to West Coast communities and	Indicator: <i>CPH partner organisations and the public are informed by high quality, easily accessible public health information and</i>	<p>Provide a Community Health Information Resource Centre in our Greymouth office.</p> <p>Respond promptly to requests for information and resources.</p>	<p><b>Well stocked information centre provided, staffed by well-trained staff member. Numbers of resources requested and formal and informal feedback from centre clients recorded.</b></p> <p>A total of 96691 separate resources were sent to West Coast community groups, GP practices, schools etc in this reporting period.</p>

CPH partner organisations	<i>resources.</i>	<p>Undertake mail-out of relevant health information to organisations as appropriate.</p> <p>Submit regular articles on public health topics to West Coast Messenger "Ask a Professional" series.</p> <p>Contribute a public health perspective to media coverage of emerging health issues.</p>	<p><b>Number and nature of requests documented.</b> All requests go through the Accredo system and are all actioned in a prompt and effective manner. This system has just been updated. The most up to date information is available at all times with input into development of new resources.</p> <p><b>Requests responded to promptly and effectively.</b> Requests responded to promptly but no later than 48hours after receipt of request.</p> <p><b>Records of mail-outs kept.</b> Records kept in Accredo as above.</p> <p><b>Analysis of content area of requests and mail outs is carried out in conjunction with CHIC.</b> Not undertaken.</p> <p><b>Messenger articles published bi-monthly. Feedback on articles documented.</b> Articles published in The Messenger, WCDHB Report to the Community and other local newspapers.</p> <p>Ask A Professional articles published monthly in The Messenger on a variety of topics including Alternative gifts to alcohol, Smokefree May, Healthy eating during winter, Food Safety over summer, CHIC resources, mental wellbeing, and nutrition for diabetes.</p> <p><b>Public health expertise/commentary provided on request. Records of subsequent media coverage kept.</b> Information drawn up for non-compliant water supplies and distributed to councils for use when notifying communities.</p> <p><b>Number of media releases issued in conjunction with WCDHB Communications Team.</b> Information published to keep the community informed of the pertussis outbreak. News items on vaccination, smokefree and alcohol harm published with commentary from CPH.</p>
Quality information on health determinants and health outcomes (including Māori Health where appropriate) is collated, analysed and disseminated for the	<p>Indicator: <i>CPH West Coast, partner organisations, and the public are informed by high quality, easily accessible public health information.</i></p> <p>There are 21 information</p>	Where appropriate Christchurch resources will provide West Coast specific information.	<p><b>Timely production of information to appropriate audiences.</b> Good Memories, No Regrets resources distributed to school balls, Wildfoods Festival, Kumara Races and other local events as appropriate. CPH provided relevant public health data and information to the development of the draft Grey District Economic Development Strategy.</p>

West Coast.	stands throughout the West Coast which are stocked with relevant approved public health information and messages that are stocked by our Public Health information centre.		<p>Information Team work summary template/ Healthscape and feedback form used to document work completed and its impact.</p> <p>Feedback forms have not been used for CHIC resources however informal feedback is received when clients reorder stock.</p> <p>Good Memories, No Regrets branding has now been picked up by other public health units. Protecting the materials and how they and the strap-line are used is important in order to ensure that the message is kept consistent.</p>
Public health programmes on the West Coast are evaluated.	<p>Indicator: <i>Public Health programmes are evidence based, methodologically sound and their effectiveness is established.</i></p> <p>Health Promotion Projects delivered have been discussed and approved by the West Coast Public Health Specialist.</p>	<p>Plan and undertake evaluation for all new CPH West Coast projects/programmes with assistance of Christchurch Information Team as required.</p> <p>Promote greater use of evaluation on West Coast by CPH and partner organisations including WCDHB and WCPHO.</p>	<p>All new projects/programmes have appropriate evaluation plans.</p> <p>Project plans have been developed for several health promotion projects including Smokefree May and the West Coast Tobacco Free Coalition, for the pilot Vege Boxes and Community Corrections BOWLS intervention.</p> <p>Results of evaluation and project/programme impact are documented. Requests for assistance with evaluation planning from partner agencies and their outcomes documented.</p> <p>Three projects have been written up and evaluated to gauge success and to inform future direction. A comprehensive evaluation of the condom distribution project and three smaller evaluations of pilot projects – including an education programme about cyber-bullying, a pilot of a Community Vege Co-op and engagement with Community Corrections – have been carried out.</p> <p>Requested the Christchurch Information Team to write up an evaluation of the Condom distribution programme on the West Coast. This has been completed and the results are being used to inform the future direction of the project.</p> <p>We have received no requests for evaluation planning from partner organisations however we have assisted in the writing of the Tobacco Free Coalition Project Plan and it has an evaluation plan. This group consists of a number of organisations.</p> <p>We have requested the Christchurch Information Team to carry out a literature review regarding the impact of job losses in small communities. This is in response to the losses incurred on the West Coast from the Pike River tragedy and closure of Solid Energy's Spring Creek Mine. This has been completed and will be used to help not only Public Health but also external agencies to address issues that may arise.</p>
Collection of Māori health data on the West Coast is improved.	Indicator: <i>CPH and partner organisations' work contributes to improving</i>	Ethnicity data collected and reported wherever possible/appropriate to work areas.	<p>Ethnicity data collected and reported wherever appropriate.</p> <p>Ethnicity data for all cases of notifiable diseases reported in this period is complete.</p>

	<i>Māori Health and reducing inequalities.</i>		
Appropriate professional development opportunities aimed at improving public health practice are available within CPH West Coast.	Indicator: <i>CPH West Coast workforce has increased knowledge and skills to deliver effective projects and programmes.</i>	<p>Ongoing review of West Coast team training needs.</p> <p>Plan and design internal training schedule.</p> <p>Facilitate the delivery of appropriate training to West Coast staff.</p> <p>Ensure all CPH West Coast staff have Individual Development Plans (IDPs).</p>	<p>Training needs identified.</p> <p>Training schedule accessible to West Coast staff.</p> <p>West Coast staff have access to required/needed training.</p> <p>Evaluation of training and feedback from WFD database reflects that training is appropriate and effective.</p> <p>Training on new work environment system completed and assistance given to other staff as required.</p> <p>HealthEMIS/CDEM training undertaken.</p> <p>Staff member attended annual Alcohol Action conference in Wellington (March 2013).</p> <p>Staff attended the annual PHA conference in Wellington in September 2012.</p> <p>Alcohol and Smokefree staff attended the Ministry training held in Nelson earlier this year</p> <p>All staff have IDPs and are working towards achieving their objectives.</p> <p>All staff have performance appraisal documents which identify any development required.</p>
CPH West Coast staff competence and confidence to address Māori health needs is improved.	<p>Indicator: <i>CPH workforce is trained in tikanga best practice and the application of the whānau ora tool in their work.</i></p> <p>A locally planned Health Promotion Hui was held on the West Coast between partners of the Healthy West Coast Governance Group. This had a strong focus on Tikanga Māori and models of health promotion.</p>	<p>Facilitate the delivery of Treaty and inequalities training for all West Coast team.</p> <p>Investigate the opportunity of having Te Reo training delivered for staff at Community and Public Health.</p> <p>Encourage staff enrolled in the DPH to complete the Hauora Māori paper.</p>	<p>Training completed by all staff. Evaluation of training and feedback from WFD database reflects training is appropriate and effective.</p> <p>All CPH Staff attended a Health Promotion Hui in Greymouth with staff from Rata Te Awhina Trust, West Coast PHO and WCDHB in February 2013. This was organised and presented by WCDHB and CPH Staff.</p> <p>All staff complete training applications and evaluations on the WFD data base. These are reviewed by Management and Team Leader.</p> <p>Training is provided if possible and evaluated by staff.</p> <p>See Health Promotion Hui above.</p> <p>Staff member currently enrolled in Te Reo Level 2 class.</p> <p>Hauora Māori paper completed successfully.</p> <p>Funding gained for one staff member to attend the Hauora Māori paper beginning July 2013.</p>
West Coast Health Protection Workforce is developed and	Indicator: <i>CPH Health Protection services are delivered in accordance with</i>	Continue to provide training, supervision and experience for trainee HPO West Coast.	<p>Details of training and development provided are recorded. Training is evaluated.</p> <p>Staff apply for training opportunities through the Workforce</p>

maintained.	<i>best practice.</i> Staff are continually being upskilled or given training to maintain their competency. Regular review of issues is carried out during the on-call meetings which are attended by Health Protection staff via teleconference with Christchurch and Timaru offices. Staff also have access to SMS training that is supplied for Health Protection Officers to maintain competencies. Staff needs are identified and staff attend training as required.	Ensure ongoing professional development opportunities are provided for the West Coast Health Protection workforce.	Development data base which keeps record of training undertaken and requires staff to complete evaluations.  <i>HPOs maintain competencies needed to carry out their Health Protection roles and responsibilities.</i> A West Coast staff member is studying and training to become a designated Health Protection Officer. The qualified HPO is studying to become a statutory Drinking Water Assessor in terms of the Health (Drinking Water) Amendment Act (HDWAA).  <i>Health Protection Officer and other statutory designations gained and maintained.</i> Health Protection Staff continue to maintain competencies and one has also been designated as a Smokefree Enforcement Officer. The Health Protection staff have gained experience and one will be trained to be a statutory officer in terms of the Hazardous Substance and Noxious Organisms Act (HASNO).
CPH West Coast staff are competent to plan and deliver on mental wellbeing issues within their work.	Indicator: <i>CPH West Coast workforce has increased knowledge and skills to deliver effective projects and programmes to promote mental wellbeing.</i> All Health Promotion Projects are looked at with mental wellbeing in mind and are encouraged to incorporate this into their work across the field.	Work to ensure staff are competent to plan and deliver on mental wellbeing issues within the context of their work.	<i>Variables relating to mental wellbeing are featured in work planning and evaluation where appropriate.</i> West Coast staff attended mental wellbeing portfolio meetings to raise the profile of mental wellbeing and ensure wellbeing is acknowledged CPH-wide.  CPH West Coast are currently adopting the „All right?“ campaign posters from Healthy Christchurch for use on the West Coast to promote positive wellbeing.
CPH West Coast staff and external stakeholders have improved knowledge about public health.	Indicator: <i>CPH staff and external stakeholders have increased ability to deliver effective projects and programmes.</i> A locally planned Health Promotion Hui was held on the West Coast between partners of the Healthy West Coast Governance Group. This had a strong focus on tikanga Māori and models of health promotion.	Deliver training sessions internally to new staff and externally to WCDHB, WCPHO, West Coast NGOs and Community Organisations.	<i>Training sessions run on West Coast according to the identified needs. Training is evaluated by participants.</i> See comments re Health Promotion Hui above.
WCPHO supported to build health promotion	Indicator: <i>West Coast communities receive well</i>	Engage with WCPHO to identify where support is required, and negotiate level of support to be	<i>Support provided is reported and evaluated in consultation with WCPHO.</i>

capacity.	<i>planned and professionally delivered health promotion programmes.</i> Health Promotion Projects delivered have been discussed and approved by the West Coast Public Health Specialist to ensure they are evidence based and an appropriate evaluation is written into it.	provided.	Over 250 „Welcome to Franz Josef and Fox Glacier packs“ made up and distributed to businesses in the Glacier communities with assistance from the Community Development workers in those areas.  CPH staff partnered with WCPHO and other stakeholders to plan and implement Heart Week events across the West Coast.
		Participate in Healthy West Coast Governance Group to ensure health promotion services are delivered in the most efficient and cost effective manner across all three organisations.	<i>HWCCG decisions reflect CPH West Coast input.</i> A Healthy West Coast Plan is written in partnership with WCDHB and WCPHO. This plan is reflected in each organisation’s own annual plan.
High priority groups have access to technical assistance and health promotion expertise.	Indicator: <i>External agencies and groups deliver well planned public health projects.</i>	Provide technical assistance to community group project planning and implementation, as required.  Assist communities with sourcing resources for projects, as required.  Integrate an evaluation component into community projects.	<i>Nature and impact of assistance recorded in Healthscape.</i> <i>Results of CPH assistance recorded.</i> <i>Evidence of communities integrating evaluation activities in projects documented.</i>  Worked closely with members of West Coast Corrections Department to develop a health promotion project covering several areas of health for their clients. An evaluation is being undertaken to gauge level of engagement and the viability of rolling it out as an ongoing project.  Worked with a staff member from Te Whare Oranga Pai to assist in the developing their organisation and the associated projects that they run.  Worked with Canterbury Cathedral staff to pilot a Community Vegetable Co-op project where vegetables are made available at cost to needy areas. This was done through a Health Promoting School. Evaluation has been carried out and a report will be available shortly.  Evaluations being written up for these projects.

### Highlights:

- An evaluation of the Condom Distribution programme on the West Coast. This has been completed and the results are being used to inform the future direction of the project. The overall outcome from this is that the project is well received within the community. It was set up to assist in reducing the incidences of sexually transmitted infections within the West Coast.
- The literature review regarding the impact of job losses in a community has recently been completed. This was prepared in response to the job losses incurred on the West Coast from the Pike River tragedy and the closure of Solid Energy’s Spring Creek Mine. To date it has been supplied to the West Coast DHB to help inform their current Mental Health Service review.
- Following the emergency response training received by staff (Health EMIS and CIMS4), Community and Public Health West Coast participated in the recent Civil Defence Exercise Te Ripahapa and performed well. The dedication to participation was a credit to the staff involved and a reflection on how seriously they take their ability to respond to an emergency.

### Issues/Challenges/risks and actions taken:



- In the aftermath of the Pike River tragedy and with the job losses in our community as a result of mine closures we are very aware of the strain that this puts on our community both financially and mentally. We are continually trying to identify opportunities to raise the awareness of the importance of good mental wellbeing.

Protection			
Short Term Outcomes	Outcomes – progress and achievement	Activities(from Annual Plan)	Performance measures – progress and achievement
Prompt and appropriate follow up of notified cases and their contacts.	Indicator: <i>Notifiable diseases are investigated and outbreaks managed such that secondary spread is reduced.</i> West Coast has been involved in a Coast Wide Pertussis outbreak for just over two years. Planning has taken place and measures put in place to minimise risk and the spread of the disease.	Investigate and follow up incidents, cases and outbreaks in accordance with Communicable Disease Control Manual and Outbreak Manual.  Participate in CPH-wide review of protocols for management of enteric and vaccine-preventable diseases, ensuring that any appropriate local variation is included.  Deliver disease investigation training to staff and contracted Public Health Nurses and Rural Nurse Specialists as required.	<i>Case report forms and outbreak reports completed and entered promptly in EpiSurv.</i> Case reports completed for all cases. Episurv is maintained and investigations are followed up. Health Protection staff liaise with GP practices, PHNs, hospital records and laboratories to complete case reports as well as referring the case to a PHN (for vaccine preventable diseases) and telephoning the case directly in the first instance.  <i>All Communicable disease protocols reflect current best practice and local circumstances.</i> Staff follow CPH-wide protocols which are developed through internal Communicable Surveillance Meetings and use MoH protocols and guidance.  <i>Record of training delivered.</i> <i>Training evaluated by participants.</i> Training is organised through CPH and evaluations are done by participants.  Training to allied professionals has been undertaken including visits to GP practices.
West Coast public and health sector are well-informed about communicable diseases and their control.	Indicator: <i>Notifiable diseases are promptly reported and outbreaks identified.</i> Notifiable disease cases are reported on as they arise and within time frame specified in CPH protocols.  Outbreaks are monitored and investigated as required.	Maintain accurate and timely surveillance activities to inform future work  Provide surveillance reports and public health advice to local health care staff and media.	<i>Surveillance data is accurate and up to date.</i> In the past 12 months some 325 cases have been notified. Of these 180 have been Pertussis and 70 Campylobacter notifications.  Cases are followed up by contacting medical centres and requesting notifications when it is known there are probable cases among close family or school contacts. The December 2012 spike in confirmed Pertussis cases was related to a school trip.  <i>Surveillance reports and/or PHIQ circulated quarterly.</i> Surveillance Reports for the on-going Pertussis Outbreak are now provided quarterly.
Effective links with hospital infection	Indicator: <i>Infection prevention and control</i>	Participate in Grey Hospital Infection Control Committee as required.	<i>CPH input is reflected in Committee decisions.</i> <i>Outcomes of contact with WCDHB infection control and laboratory staff</i>



control staff and contribution to WCDHB Immunisation Advisory Group.	<i>activities are integrated across public health, primary, and secondary care.</i>	Maintain regular liaison with WCDHB infection control nurse and laboratory staff.	<i>are recorded in Healthscape.</i>  Contact has been made and advice provided regarding norovirus outbreaks in institutional settings and also the infectious risks associated with laundry.
Improved immunisation rates for all on the West Coast, including equitable coverage for tamariki and rangatahi Māori.	Indicator: <i>Reduced burden of vaccine-preventable disease for all and more equitable outcomes for Māori.</i>	Chair the WCDHB Immunisation Advisory Group to work strategically to improve immunisation coverage.  WCDHB Immunisation Advisory group meets bi-monthly to review progress on immunisation rates and develops strategies for improving immunisation coverage  Provide technical support and advice to the West Coast Immunisation Co-ordinator and WCDHB HPV school-based vaccination Programme.  Promote HPV immunisation through CHIC resources and links to the community.  Promote immunisation within ECCs and improve the collection of immunisation register data.	<i>WCDHB IAG decisions and plans reflect public health input</i> <i>Progress and impact of strategy development recorded.</i> <i>Provision of technical support and advice and its outcomes documented in Healthscape.</i> <i>Nature and impact of HPV immunisation promotion recorded in Healthscape (or where appropriate).</i> <i>Impact of promotion recorded in Healthscape, including monitoring completeness of immunisation register data.</i>  This year the WC IAG has undergone a process to achieve greater alignment with immunisation planning in Canterbury through ISLA. A new work plan for 2013-2014 has been developed focussing on achieving the new immunisation 8 month target. IAG also hosted a visit from Ministry officials earlier this year to discuss local strategies.
Continued high levels of accuracy and completeness in ethnicity data collection for notifiable diseases.	Indicator: <i>Disease control strategies are appropriately targeted.</i>	Collect and record ethnicity data for all notified cases.  Liaise with GPs and hospital to promote improved reporting.	<i>Notifiable disease ethnicity data completeness and accuracy remains &gt;90%.</i> Ethnicity data collection is >90% complete  <i>Accurate ethnicity data is available to inform future planning and prevention strategies.</i> Health Protection staff fill in Episurv case report forms as completely as possible and use the GP or WCDHB records if they unable to contact a case.
High-needs settings are better resourced to reduce the incidence of communicable disease.	Indicator: <i>Reduced incidence of selected communicable diseases in high needs settings.</i> Activities to reduce STIs have been focused on young people. The rates of chlamydia infection amongst young people on the West Coast have reduced.	Sexual health education delivered and increased opportunities for education up-skilling of local workforce taken.  Distribute condom packs to at risk communities/venues.  Schedule sexual health promotion activities around key times: Valentine's Day, New Year, School balls etc.	<i>Train the Trainer opportunities facilitated and training evaluated by participants.</i> Three days of sexuality training with parents, professionals and young people has been completed in association with Family Planning Christchurch. Further sessions with High School Health teachers are currently being planned.  <i>Number of packs delivered.</i> <i>Number and geographic spread of distribution sites.</i> 17074 condom packs were distributed around the community to 56 sites

		<p>Promote HPV immunisation through CHIC resources and links to the community.</p> <p>Undertake public health investigations into swimming pools where high disease risk is identified.</p>	<p>throughout the West Coast, and 3140 were distributed around Hokitika during the Wildfoods Festival. The condom project evaluation is being used to refine and develop the distribution of the packs for greater effectiveness.</p> <p><b>Activities and impact recorded on Healthscape. New promotions/projects evaluated.</b> Condom Distribution project has been evaluated</p> <p>A new beer bottle version of the Good Memories No Regrets poster was developed in association with Te Korowai Hauora o Hauraki and is being used by a number of agencies nationally.</p> <p><b>Record kept of CHIC HPV resource usage and nature and impact of community links.</b></p> <p><b>Record investigations and outcomes on Healthscape</b></p>
Emergency preparedness capacity and relationships are developed and maintained.	<p>Indicator: <b><i>A robust emergency response plan is in place and a competent workforce is available to deliver a professional and appropriate emergency response to our communities.</i></b></p> <p>CPH are currently assisting WCDHB with the writing of their Emergency Response Plan. On completion, the WC Public Health Response Plan will also be reviewed to sit alongside WCDHB's and CPH's overall Response Plan.</p> <p>Staff have received in house and external training opportunities</p>	<p>Review Emergency Management Plans / Procedures in relation to WCDHB and District Councils and South Island PHUs (in conjunction with Christchurch office).</p> <p>Participate in Emergency Management exercises and training. Membership of West Coast Co-ordinating</p> <p>Executive Group for Civil Defence and Emergency Management (in a public health advisory capacity).</p>	<p><b>Plans" procedures have been reviewed and amended.</b> CPH are currently assisting WCDHB with the writing of their Emergency Response Plan. On completion, the WC Public Health Response Plan will also be reviewed to sit alongside WCDHB's and CPH's overall Response Plan.</p> <p><b>All CPH West Coast staff are trained to CIMS Level 2</b> CIMS Level 4 Training completed by three staff through Tai Poutini Polytechnic. 5 staff have now completed this training.</p> <p><b>CPH West Coast staff participate in at least one emergency management exercise.</b> Staff participated in Operation Cruickshank Minor in 2012 (19 July) as well as Exercise Te Ripahapa (29 May 2013).</p> <p><b>WC CEG minutes and decisions reflect public health input.</b> Public Health is represented on West Coast CEG. Meetings are attended and Public Health input is included where appropriate.</p>
Improved drinking water safety and quality achieved.	<p>Indicator: <b><i>Fewer drinking water transgressions and prompt reporting when transgressions occur.</i></b></p> <p>All minor drinking water supplies have PHRMPs</p>	<p>Implement the requirements of the Health Drinking Water Amendment Act 2007.</p> <p>Assess and promote compliance with DW Standards.</p>	<p><b>Drinking water safety and quality achieved.</b></p> <p><b>All West Coast drinking water suppliers are in a position to comply with the Act within the prescribed timeframes.</b></p> <p><b>Compliance reports completed for all TLA supplies.</b></p>

	<p>along with Greymouth which is our only medium supply. CPH have worked closely with Councils to ensure they report transgressions as required.</p> <p>One community whose water intake dried up during the summer drought is now working with Council to apply for DWAP funding to implement changes to their supply.</p>	<p>Complete annual compliance survey for TLAs.</p> <p>Advocate for community water supplies to access DWAP programme.</p> <p>Work with Local Authorities and undertake water grading when requested.</p> <p>Assess PHRMP adequacy and implementation as per technical manual (DWAs) on the West Coast.</p> <p>Continue to liaise with local Iwi to ensure that existing and planned marae have healthy potable water supplies.</p>	<p><b>Records kept of number and location of gradings carried out.</b></p> <p>During the summer of 2013 a drought occurred that adversely affected some water supplies. There was one major incident at Inangahua Junction Community Water Supply (see details in Highlights).</p> <p>There were no transgressions of the Drinking Water standards New Zealand DWSNZ related to the drought in any of the registered local authority water supplies although several had to go on to water restriction measures. There was one water quality incident related to taste that was attributed to using an alternative supply which turned out to be unsuitable for use during drought conditions.</p> <p><b>Number of water supplies that have accessed DWAP programme.</b></p> <p>The Drinking Water Assessment Programme has been used by each of the local authorities and several independent communities, particularly this year. CAPs application were received for Karamea, Stillwater, Taylorville/Dobson, Runanga, and CAPS projects are underway or being investigated in the following supplies Westport, Punakaiki, Reefton, Ahaura, Nelson Creek, Kumara, Otira and Inangahua Junction. Technical assistance has also been provided to Shantytown, Inangahua Junction School and Granity School.</p> <p>No public health gradings were carried out as there were no requests to do so.</p> <p><b>Number of PHRMPs assessed and verified.</b></p> <p>The Greymouth Water Supply PHRMP has been received within the statutory time frame in terms of HDWAA. This is the only „medium“ supply on the West Coast.</p> <p>All of the „minor“ supplies have had PHRMPs submitted and approved so they are in a position to meet statutory deadlines</p> <p>Revised PHRMPs have been approved for Greymouth Harihari, Ross, Karamea, Runanga, Taylorville/Dobson and Stillwater and eight PHRMP implementation reports have been completed for Fox, Hokitika, Blackball, Waimangaroa, Harihari, Whataroa, Gloriavale and Arahura Pa in 2012/13.</p> <p><b>Records of liaison are kept, existing marae water quality is improved and plans for new marae include measures to ensure high quality potable water supply.</b></p> <p>There are currently no registered water supplies for marae on the West Coast. The Arahura Pa community water supply is managed by the</p>
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			local district council and has an approved PHRMP and improvement schedule.
All West Coast communities that need updated sewage systems have applied for Sanitary Works subsidies and are working towards completion of the works.	<p>Indicator: <i>Sanitary methods for the disposal of sewage available in all West Coast communities.</i></p> <p>Greymouth has received SWSS assistance for their new sewage plant.</p> <p>No identified outbreaks attributed to wastewater overflows or pollution.</p>	<p>Review and report on all applications for Sanitary Works Subsidies as per Ministry of Health guidelines.</p> <p>Encourage and support local authorities to improve and sustain sanitary conditions in their area.</p> <p>Advocate for best practice in proposed sewage systems for new and/or reviewed subdivision schemes.</p>	<p>Number of applications received</p> <p>Reports completed in a timely manner</p> <p>Number of successful applications for SWSS assistance.</p> <p>Number of sewage system upgrades completed with/without SWSS assistance.</p> <p>Record of nature and impact of advocacy.</p> <p>Progress is on-going on the Greymouth waste water treatment plant and sewerage upgrade project. This project has received SWSS assistance and invoices are regularly being sent through to the Ministry of Health. See Highlights below.</p>
Collaborative relationships in place with organisations/communities where there is a mutual interest in the health impact of substandard housing conditions, including WCDHB, local authorities, MSD, Housing NZ, and Māori and Pacific communities.	<p>Indicator: <i>Improved housing conditions for those in high deprivation communities, resulting in less respiratory illness.</i></p> <p>There has been ongoing collaboration with key stakeholders to try and progress the Warm Homes Project. Unfortunately due to funding difficulties and an unwillingness for the installer to continue this project no longer exists.</p> <p>CPH continue to raise the issue of housing with TA's where possible.</p>	<p>Develop and maintain relationships with WCDHB, local authorities, MSD, Housing NZ, and Māori and Pacific groups around housing issues.</p> <p>In partnership with other agencies, promote improvements to existing and new housing stock including insulation.</p>	<p>Record of contacts and actions undertaken.</p> <p>Impacts of a collaborative approach on substandard housing issues documented.</p> <p>Impact of partnership actions documented.</p> <p>Healthy West Coast's Warm Up West Coast insulation programme is in recess after the withdrawal of the installer. CPH had heavily promoted this programme and at the time was working with the residents of an old section of the Grey District Council pensioner housing stock. Two residents had insulation installed prior to the recess however almost all the residents are interested in having insulation installed.</p>
More active transport options available.	<p>Indicator: <i>Increased uptake of active transport on the West Coast.</i></p> <p>With the building of the Coastal pathway in the Grey District people are utilising this option for getting from points along its route. Anecdotal evidence shows that there has been a marked increase with people both walking and cycling as a result of this project.</p>	<p>Promote the implementation of the West Coast Regional Walking and Cycling Strategy.</p> <p>Represent public health on the Regional Transport Committee.</p> <p>Membership of the West Coast Road Safety Committee.</p>	<p>Regional Walking and Cycling Strategy implemented and actions recorded.</p> <p>Activities and decisions of the RTC reflect public health input.</p> <p>Activities and decisions of the WCRSC reflect public health input.</p> <p>Ongoing development of the Coastal Pathway and Westland Wilderness Trail is offering off-road walking and cycling opportunities. The Coastal Pathway section has been utilised as a cycle training facility for children from a local Primary school. Numbers of pathway users are yet to be established. A survey is planned to gauge user numbers and satisfaction.</p> <p>CPH supported two fun run/ walk events organised through Sport</p>

			<p>Canterbury West Coast. These events both attracted over 100 participants.</p> <p>CPH input into the development and implementation of the WC Road Safety Action Plan which follows the Safer Journey's Strategic Plan. CPH activities include a focus on education and enforcement within the Safer Road Users stream with particular emphasis on Alcohol-related issues.</p>
All environmental health issues are responded to in accordance with Environmental Health Manual and other protocols.	Indicator: <i>Robust protocols and policies result in greater collaboration and compliance standards across organisations.</i>	Maintain a risk-based approach to Health Protection work by developing procedures for all work, including prioritisation criteria and an outline of different agencies' roles.	<p><i>Procedures developed in agreement with other agencies.</i></p> <p><i>Records of applications and meetings kept in Healthscape.</i></p> <p><i>Details and impact of meetings recorded in Healthscape.</i></p> <p>West Coast staff have contributed to review of organisation-wide protocols and procedures.</p>
VTA conditions and audits minimise risk to the population and mitigate opportunities for non compliance.	Indicator: <i>Reduction in incidence of non compliance with permission conditions.</i> During the 2012-13 1080 season CPH received no complaints from the anti - 1080 groups regarding non-compliance of operations. CPH received two complaints from other sources and also detected minor non-compliance by operators (see performance measures). This is down on previous years.	<p>Report on Vertebrate Toxic Agent (VTA) permission applications and issue permission in accordance with Ministry of Health and ERMA guidelines.</p> <p>Respond promptly to complaints and notification of breaches, assessing likely risk to public health. Conduct field audits of selected VTA activity where appropriate.</p>	<p><i>Applications reviewed and permissions issued within 4-6 weeks of applications</i></p> <p><i>Incidents of breach of permission conditions documented and actions taken (if required) to mitigate public health risk.</i></p> <p><i>Number and outcomes of audits carried out recorded.</i></p> <p>In the past 12 months Health Protection staff have received and issued some 55 permissions including 14 with an aerial component. The Model Permit Conditions set out in the MoH document „Issuing Permissions for the Use of Vertebrate Toxic Agents (VTAs): Guidelines for Public Health Units" provide a basis for the permissions that have been issued in the WC.</p> <p>Reported complaints are investigated and/or referred to an appropriate authority. CPHWC conducted 2 investigations of alleged 1080 non compliance. One was found to be a non-issue and one was referred to police.</p> <p>Of the permissions with an aerial component five were audited on the day of the operation and in the days prior to and following the operation additional signage checks were carried out.</p> <p>Compliance satisfactory overall with only minor non-compliance in respect to signage identified.</p>
On -call service provided at all times.	Indicator: <i>Health Protection issues are dealt with promptly at all times.</i> All call outs dealt with	<p>Maintain on-call roster and procedures.</p> <p>Ensure on-call staff are appropriately trained.</p>	<p><i>Health Protection on-call service with Medical Officer of Health back-up is provided on the West Coast 24/7.</i></p> <p><i>Records of training are kept.</i></p> <p>Two Health Protection staff comprise the WC on-call service with back-</p>

	efficiently, adhering to the appropriate manual and internal procedure. No concerns identified.		up and MOoH support provided by the Christchurch office. The WC roster is maintained by Health Protection Staff who feed into the CPH wide roster. On-call coverage has been maintained.
Increased compliance with the Sale of Liquor Act 1989.  Licensed premises have improved knowledge of Sale of Liquor Act and there is improved collaboration between agencies to promote compliance.	Indicator: <i>Licensed premises comply with the Sale of Liquor Act resulting in a reduction in alcohol related harm in our communities.</i> Greater collaboration between Police, DLA staff and Health has meant that reported incidents have been dealt with quickly and efficiently. Licensed premises are being held more accountable for their non-compliance.	Investigate and report on applications to District Licensing Agencies for new on-licenses and license renewals to ensure compliance with the Sale of Liquor Act.  Deliver Host Responsibility training to improve the skills of Duty Managers in reducing alcohol-related harm in licensed settings.  Regular inter-agency monitoring of licensed premises assessed as high risk.  Assist Police to carry out three alcohol Controlled Purchase Operations per year to reduce the supply of liquor to minors.  Enhance and increase collaborative work with Police & DLAs.  Work with high-risk licensed settings, events and sports clubs to introduce strategies to minimise alcohol related harm.	<i>All licensing reports are submitted within 15 working days of receipt.</i> 74 Licensed applications processed and submitted within the required timeframe  <i>Host Responsibility training delivered as part of all Duty Manager courses run by Tai Poutini Polytechnic.</i> Attended all 11 courses run in Westland, Greymouth & Westport  <i>At least three monitoring visits to high risk premises conducted.</i> Conducted 4 compliance visits to licensed premises in Westland region in conjunction with local Police.  <i>Three CPOs carried out.</i> <i>Measured decrease in sales to minors.</i> 3 CPOs carried out in Greymouth, Buller and Westland. Improvement in Westland with no sales made. Sales were made in the other 2 regions.  <i>Inter-agency joint planning/ collaborative work and outcomes recorded in Healthscape.</i> 2 joint DLA police and Public health meetings attended. Improvements to operating issues discussed and planning begun for writing local alcohol policies.  <i>Outcomes from interventions are documented.</i> Records of interventions and kept in our filing system and in Healthscape.

### Highlights:

- One licensed premises in Westland has now voluntarily instigated a one way door policy every Saturday night and another has one every time they have a band. These policies are stated in their advertising and have resulted in a reduction in the migration of patrons from premises that close earlier.
- There were no sales from our CPO at the Wildfoods Festival and the number of alcohol related injuries and arrests decreased compared to previous years. Planning discussions with the off licenses holders this year also resulted in one of them closing earlier on the evening after the festival. The resulting press coverage of the Festival was correspondingly more positive.
- The Good Memories No Regrets campaign continues to receive a positive response, locally and nationally, with our posters being used around the country by various agencies. A local school principal said “I think they are a masterpiece of innovative marketing and would be pleased to use them!” The campaign was presented at the New Zealand Sexual Health Society conference in Palmerston North and was awarded the Margaret Sparrow prize for excellence in presentation, and also featured as a poster presentation at the Public Health Association national

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conference in Wellington.

- The Coastal Pathway group continues to work with Council, DOC, Grey High School, local primary schools and other stakeholders to promote and improve the pathway. Two community planting and clean-up days, and at least four school-based events have been held to protect and enhance the pathway environs. The pathway is becoming very much „owned“ by the community.
- Three tobacco CPOs have occurred in 2012/13 year and we are pleased to be able to report that there were no sales.
- A major Resource Consent hearing occurred for the discharge to air and water permits for the new Greymouth Waste Water Treatment Plant and Health Protection staff made submissions. The applicants lodged an appeal against the decision seeking to downgrade the protective conditions. CPH Health Protection staff submitted again and were part of a successful community effort which led to the decision to install a sealed stainless steel lid on the Biological Trickling Filter. This will provide a barrier which will help to prevent odour nuisance from adversely affecting the amenity of the surrounding commercial area and major roadway. There was significant support for the public health position from the Ministry of Health and SWSS co-ordinator.

#### **Issues/Challenges/risks and actions taken:**

- The Warm Up West Coast insulation initiative has gone into recess since the withdrawal of the West Coast installer. This is unfortunate as a number of people, in particular a group of disadvantaged older people, were in the process of signing up to the project to improve the quality of their homes.
- Drinking Water and the effects of drought -the long period of dry weather this summer caused problems in quality and quantity of water for at least two West Coast public water supplies.

The capacity of the bores which supply the Greymouth water supply was reduced by the drought and the Grey District Council brought one of its reserve water bores on line to supplement the supply. Unfortunately, this led briefly to saline (salt) contamination of the water resulting in public complaints about its taste and appearance. Pumping from the reserve bore was stopped and water restrictions put in place to manage demand.

In March the bore supplying water to the Inangahua Junction community ran dry and, despite attempts to supplement the supply from a nearby creek, the community ran out of water. CPH provided advice to the community and the Buller District Council (BDC) which arranged for a tank of drinking water to be provided from which residents could fill containers. Fortunately, the school had a storage tank of water which proved sufficient to keep it supplied with drinking water. Recent rain has increased the level of water in the bore and residents' water is back on. Samples of water have been taken and a boil water notice will remain in force until improvements to the supply are undertaken. The Inangahua Junction community comprises some 30 homes. They have, up until now, run their own water supply through a local Water Board. This is likely to change as the community recently voted that the BDC take over management of the supply and organise improvements to the supply. The intention is to work towards a Capital Assistance grant application (see below) for the next funding round in 2014 to help fund these improvements.



Communities			
Short Term Outcomes	Outcomes – progress and achievement	Activities(from Annual Plan)	Performance measures – progress and achievement
Interagency collaboration is supported through access to information on best health promotion practice.	Indicator: <i>CPH, partner organisations and the public are informed by high quality, easily accessible public health information.</i>	<p>Provide information on healthy nutrition, physical activity, tobacco, alcohol, mental wellbeing and injury prevention to groups and communities as requested.</p> <p>Act as a conduit between national organisations e.g. MHF, SPINZ and community to provide resources/ training/ services in Mental Wellbeing.</p>	<p>Number of mail-outs and education sessions recorded. Feedback from mail-outs and education sessions.</p> <p>Relationships established and courses held on West Coast.</p> <p>Session on healthy eating held in Fox Glacier with CPH's dietician for 14 participants in a Healthy Weight Loss programme. Written evaluations were very positive and showed that participants are more aware of the foods they are buying and preparing for themselves and their families.</p> <p>Four short articles related to nutrition were written to be included in free community papers, 3 x Ask a Professional (diabetes prevention, Heart Week and Winter Nutrition), The Messenger (Diabetes Awareness week as part of Local Diabetes Team) and Winter Comfort Food for the WCDHB's Report to the Community. All recorded in Healthscape.</p> <p>Community talks given to Cardiac Club (x2), Cardiac Rehab (x2), Tai Chi instructors (x2) re: older adult's nutrition, Department of Corrections BOWL's programme (x2), Community Alternative Resources for Elderly, Anglican Woman's League, Coffee and Chat Older Person's group Fox and Franz Josef community groups. Nutrition resources were provided to all groups. Physical activity resources were supplied to specific groups.</p> <p>A number of education providers were supported with nutrition sessions, including Kaniere Primary, Arahura Kohanga, Scenicland Preschool Hokitika, Paparoa Range Primary and Tai Poutini Polytechnic. An education/support afternoon was also held for canteen staff. All these education providers, as well as Grey High were also supplied with Nutrition Resources.</p> <p>Nutrition support was provided to a number of partner organisations, including the Salvation Army (recipes relevant to food parcels), PHO (Appetite for Life for Green Prescription participants and patients from medical centres, nutrition support for the facilitator of the nutrition components of the Buller Weight loss programme pilot when requested). Heart Foundation (nutrition support given on request to give a talk on childhood obesity in NZ to school teachers at launch of Heart Foundations „Snack“ resource. Sport Canterbury (nutrition support for local Duathlon and nutrition session to the West Coast's under 13 girls basketball team before a national tournament). West Coast DHB (nutrition sessions for Cardiac Club and Cardiac Rehab, article for</p>



			<p>Community Report), Local Diabetes Team (article for Diabetes Awareness Week), Department of Corrections (nutrition sessions for BOWL's programme). All recorded in Healthscape.</p> <p>Physical activity sessions provided to Pulmonary Rehab groups at WCDHB.</p> <p>CPH assisted Arthritis New Zealand to plan and deliver a Physical Activity and Arthritis seminar. 25 participants (mostly over 60 years) took part and evaluation completed.</p> <p>CPH is currently working with a local church group to plant fruit trees on the church grounds.</p>
<p>Education settings are supported to introduce or maintain the Health Promoting Schools framework into their practice with an emphasis around healthy nutrition, SunSmart, and mental wellbeing or any other health and wellbeing issue identified by the individual school.</p>	<p>Indicator: <i>Education settings adopt the current Health Promoting Schools framework and implement programmes that improve the health of their school communities.</i></p> <p>All 35 West Coast primary and secondary schools are encouraged and supported to adopt the HPS framework and to implement programmes that improve the health of their school communities via the once-per-term HPS magazine and informative cover letter posted to each school's principal (and other relevant staff e.g. health teacher/coordinator) and Board of Trustees. Each issue contains, among other things, an article highlighting the health promotion activities of a West Coast school.</p>	<p>Work with schools to ensure they have Nutrition, Physical Activity, and SunSmart policies under the Health Promoting Schools Framework.</p> <p>Work with Public Health Nurses to implement the Health Promoting Schools framework in identified schools.</p>	<p><i>All HPS schools are working towards having relevant policies in place and implementing them.</i></p> <p>All seven West Coast schools identified as priority schools for HPS purposes are working towards putting relevant policies in place and implementing them.</p> <p><i>Records of collaboration with Nurses kept in Healthscape.</i></p> <p>Face-to-face meetings with the group of WCDHB nurses who work in the HPS priority schools take place approximately once per term. In between, the nurses are kept informed via email and telephone about what is being planned in a given school and are invited to participate and/or to provide input.</p> <p>This approach has resulted in constructive working relationships with school nurses.</p> <p>Records of the 3 meetings with Nurses that took place during the period are logged in Healthscape.</p>
<p>Population groups and communities with high health needs receive effective interventions</p>	<p>Indicator: <i>High needs groups and communities benefit from evidenced based nutrition and physical activity</i></p>	<p>Provide targeted community-based programmes that help people improve their cooking skills, nutrition knowledge and levels of physical activity, in particular: Cooking Skills for Life</p>	<p><i>At least five courses are delivered and evaluated.</i></p> <p><i>Records kept of the number and nature of courses run, including numbers of participants completing programmes and participant feedback.</i></p>

<p>that promote healthy eating and physical activity.</p>	<p><i>programmes.</i> Referrals received from Green Prescription and Medical Centres. 97% of participants who completed the Appetite for Life programme reported feeling more confident when making food choices.</p> <p>A group in the community was identified and invited to participate in a trial where \$10 fruit and vegetable boxes were purchased.</p> <p>Indicator: <i>Older people on the West Coast have access to evidence-based nutrition and physical activity programmes.</i> 11 Adults over 60 years have been through the Appetite for Life course.</p>	<p>Skills, and Appetite for Life courses.</p> <p>Deliver other nutrition education sessions in response to community requests as appropriate, using a "Train the Trainer" approach where possible.</p> <p>Continue to support the PHO Green Prescription programme.</p> <p>Support WCDHB with the implementation of the West Coast Improving Services for Elderly Strategy. Activities include Tai Chi and cooking skills. (This is a separate contract with the ACC).</p>	<p><b>Nature of training delivered and feedback from participants documented.</b></p> <p>Four Appetite for Life courses, two in Greymouth and two in Hokitika, were completed over the year. These included a total of 42 participants including 7 males and 9 Māori/Pacific participants.</p> <p>One Cooking Skills for Life Skills course was completed over this year with six participants including one Māori. The trial is currently being evaluated with everyone who was involved being contacted by a CPH staff member.</p> <p><b>Level of collaboration and support is documented and evaluated.</b></p> <p>CPH staff were available to assist however the WCPHO decided to cover this internally.</p> <p><b>Public health input to these initiatives is maintained. The extent and impact of CPH input is documented.</b></p> <p>CPH continues to provide support to Tai Chi classes for older people across the West Coast and also instruct 2 classes per week. WCDHB referrals to the community classes are channelled through CPH.</p> <p>In collaboration with ACC, CPH facilitated a workshop for 10 volunteer instructors which covered development of Tai Chi skills, education on nutrition and home safety. CPH also provided physical resources to support the instructors. Participants rated the workshop as highly useful and requested ongoing support of this nature.</p> <p>CPH is a member of the new Falls Prevention Coalition currently being set up through the WCDHB.</p> <p>A small health promotion intervention with Community Corrections attendees is currently being evaluated. The intervention focussed on becoming Smokefree and nutrition and cooking skills. Feedback suggests the attendees benefitted from the sessions and CPH and Corrections are planning a more formal structure for future health promotion sessions.</p> <p>All records, including participant evaluation, recorded in CFS and in Healthscape.</p> <p>All written participant feedback is recorded on Healthscape and also forwarded to AFL trainers in Christchurch</p> <p>Referral source is also recorded (e.g. Grx/medical centres (PHO), Options)</p> <p>AFL facilitator training attended for both AFL facilitators during this year.</p>
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	<p>in uptake of cessation services. AKP are reaching their target numbers and quit rates.</p> <p>Rata Te Awhina have been asked to provide a representative on the Healthy West Coast Governance Group</p>	<p>and smokefree policies.</p> <p>Engage with Māori communities and providers including Rata Te Awhina Trust, WCDHB and WCPHO to implement strategies that increase the number of Māori groups and communities that are Auahi Kore/Smokefree.</p>	<p>Greymouth, Richmond New Zealand outdoor area.</p> <p><b>Uptake of cessation services, including AKP.</b> AKP has registered 123 clients over the year. This service is meeting the obligations of the AKP contract. Staff continue to fill out quit cards where appropriate.</p> <p><b>Promotion activities and their impact recorded.</b> Promotional activities have been held to promote Smoking Cessation and with specific reference to Aukati Kai Paipa at the following activity days: Waitangi Day, Waka Ama day, Aquatic day, Matariki and Arahura fun day. On top of this World Smokefree activities promoted the services. Although these days do not get a lot of cessation uptake it does raise awareness about being smokefree.</p> <p><b>Level of understanding and relevance gauged from retail managers and workers.</b> See comment above on retail visits and CPOs. No sales to minors from 3 CPOs.</p> <p><b>Nature and level of engagement with Māori communities documented.</b> Stronger links are being developed between Rata Te Awhina and CPH. Rata Te Awhina have been asked to provide a representative on the Healthy West Coast Governance Group. Staff visit the Hokitika Office on a weekly basis. Rata staff are also attending our Health Promotion network meetings.</p> <p><b>Number of Māori groups/ communities</b> - working towards Auahi Kore - becoming Auahi Kore. Rata Te Awhina have followed CPH's lead by only employing Smokefree Staff. Recently held Waka Ama was promoted by Rata as being smokefree and this will apply to all their events.</p>
Education settings are smokefree and promote smokefree environments in their communities.	<p>Indicator: <b>Education settings adopt the Health Promoting Schools framework and are smokefree.</b> All 35 West Coast primary and secondary schools are encouraged and supported to adopt the HPS framework. All are Smokefree; they comply with legislation by displaying appropriate</p>	<p>Work with schools and the Health Promoting Schools coordinator to increase awareness of the harmful effects of tobacco, for example, via smokefree messages and information in school newsletters.</p> <p>Work through schools to support smokefree environments.</p> <p>Ensure all Health Promoting schools are developing a positive smokefree strategy.</p>	<p><b>Interactions and their impact recorded.</b> <b>All HPS schools are developing a positive smokefree strategy and are working towards implementing this.</b> CPH's Smokefree Health Promoter and HPS Coordinator work together to distribute information to all WC schools about Smokefree May, World Smokefree Day, workshops, available smoking cessation services, etc. The information is distributed independently or as part of the Health Promoting Schools magazine mail out once per term. Schools report informally that few, if any, of their staff smoke.</p> <p>Smokefree messages are distributed through school newsletters as part</p>

	Smokefree signage.		<p>of "Health Bites" provided to them by CPH.</p> <p>A record of the information distributed is kept in Healthscape.</p> <p>Under the new HPS direction as set out by Cognition Education Ltd under contract by the Ministry of Health, our seven priority schools are asked to identify any health or social wellbeing issues that act as barriers to educational achievement, particularly amongst priority learners (Māori, Pacific Island, special needs and low socio-economic status). To date, none have identified smoking/Smokefree as an issue, so no specific work is being done in this area.</p>
Education settings provide information and create environments supportive of hauora/wellbeing.	<p>Indicator: <i>Education settings adopt the Health Promoting Schools framework and relevant health promotion information is available.</i></p> <p>All 35 West Coast primary and secondary schools are encouraged and supported to adopt the HPS framework. Relevant health promotion information is provided to them via teachers, the school's nurse, the HPS coordinator or others.</p> <p>A primary school principal requested that the HPS coordinator develop a set of „Cyber Bytes“ for use in the school's newsletter following the internet health and safety training sponsored by CPH. This was endorsed by two other principals; these messages are now being incorporated into several schools' newsletters.</p>	<p>Work with Health Promoting Schools Co-ordinator to ensure schools' mental wellbeing needs are being met.</p> <p>Work intensively with a small number of low decile schools and assist them to develop comprehensive health promotion programmes.</p> <p>Provide health promotion information to other schools and alternative education centres on the West Coast as required.</p>	<p><i>Schools identified and appropriate strategies put in place.</i></p> <p><i>Number of schools participating.</i></p> <p>Eight schools have been identified and work with them is ongoing to put relevant strategies in place.</p> <p>Although eight schools were originally identified the number is now down to seven due to one school's recent decision to postpone participation. Successful steps have been taken recently to engage with a replacement school.</p> <p><i>Document progress on development and implementation of comprehensive health programmes.</i></p> <p>Comprehensive health programmes related to the following issues are being developed or implemented in identified schools: behaviour (1 school), healthy eating (4 schools), parental engagement (2 schools).</p> <p><i>Information provided and outcomes recorded.</i></p> <p>Once-per-term the HPS magazine and informative cover letter are posted to all West Coast school principals (and other relevant staff e.g. health teacher/coordinator) and Board of Trustees. Each issue includes an article highlighting the health promotion activities of a West Coast School.</p> <p>In addition each school receives, via email, „Health Bytes“ which is compiled by the HPS coordinator with input from other health professionals. „Health Bytes“ is a selection of short, clear messages promoting health and wellbeing which can be cut and pasted into school newsletters as appropriate.</p> <p>A recent add-on to „Health Bytes“ has been a set of „Cyber Bytes“, which are based on the internet health and safety training held on the Coast during the year.</p>
West Coast	Indicator: <i>Reduction in</i>	Work with secondary schools to encourage them	<i>Number of schools with procedures/policies</i>

<p>Communities have improved access to evidence-based alcohol harm reduction interventions.</p>	<p><i>alcohol-related harm on the West Coast.</i></p> <p>Through the work group, Healthy West Coast, the WCDHB has now made Alcohol a work stream for them. WCDHB together with all SI DHBs has now adopted an Alcohol Position Statement.</p> <p>CPH are working with the 3 TAs and Police to write a unified/joint Local Alcohol Policy (LAP) across districts. To inform this with relevant information CPH have undertaken a Community Survey gauging the communities feeling around alcohol and its laws. CPH are also gathering relevant health data to inform the development of the Policy. This will be ongoing over the next year.</p>	<p>to develop procedures and policies for dealing with alcohol at school.</p> <p>Work with other community organisations/groups to decrease harm caused by alcohol and other drugs.</p> <p>Work with youth reference groups to ensure youth input and participation into youth related issues and policies.</p> <p>Work with ALAC to ensure local social marketing initiatives are consistent and compatible with ALAC's Culture Change Programme.</p> <p>Work with event organisers e.g. Wildfoods and Kumara Races, to encourage the development of Event Management Plans that ensure Host Responsibility is practised.</p>	<p>- in development - in place.</p> <p>A mocktails session was held at a grey High's Parents' evening to raise awareness of non-alcoholic alternatives. No policies developed.</p> <p>Nature and impact of CPH involvement documented.</p> <p>Any community organisation/group projects involving CPH are evaluated.</p> <p>Details of youth participation are documented including the extent of youth involvement in policy development</p> <p>Local social marketing is consistent with ALAC guidelines and messages</p> <p>A new beer bottle version of the Good Memories No regrets poster was developed in association with Te Korowai Hauora o Hauraki and is being used with a number of agencies nationally.</p> <p>We continue to reinforce the Good Memories No regrets message at local events. We distributed 1000 bottles of water at the Kumara races labelled with stickers raising awareness of chlamydia and the issue of sexually transmitted diseases (with a \$500 donation from ALAC). A further 1000 bottles were distributed at the Wildfoods Festival to promote safe drinking and safe sex.</p> <p>Have started using the Yeah Nah campaign in our work. A recent „Ask the Professionals“ article explained the rationale behind this campaign.</p> <p>Improved compliance and behaviour and reduced incidence of alcohol-related harm at major events.</p> <p>Wildfoods Festival was monitored by the Medical Officer and Public health Liquor Licensing Inspectors. This was the most successfully compliant Wildfoods Festival monitored to date. CPO carried out at the event and downtown with no sales and alcohol-related offences and injuries were the lowest for many years.</p>
<p>CPH West Coast health promotion staff work in partnership with other health promoters and key stakeholders.</p>	<p>Indicator: <i>Health promotion activities are well co-ordinated, informed by evidence, and their effectiveness in improving health outcomes is enhanced.</i></p> <p>Health Promotion projects</p>	<p>Work with planning groups for Matariki and Waitangi Day celebrations to promote healthy lifestyles at these events and celebrations with a specific focus on, but not limited to, Auahi Kore /Smokefree.</p> <p>Contribute to localising national campaigns in collaboration with WCDHB and WCPHO and</p>	<p>Nature and impact of CPH involvement documented.</p> <p>Any community organisation/group projects involving CPH are evaluated.</p> <p>See Smokefree information above.</p> <p>Nature and impact of CPH involvement documented.</p> <p>CPH continues to coordinate the Active West Coast network. Active West Coast submitted to the Annual Plans of the 3 District Councils and</p>



	<p>are discussed with the public health specialist and management to ensure they are well planned and evidence-based.</p> <p>Indicator: <i>Increased physical activity within our communities resulting in improved health outcomes.</i></p> <p>Anecdotal evidence suggests that there has been an increase in the level of walking and cycling in the Grey District as a result of the Coastal Pathway.</p> <p>Indicator: <i>Reduced rates of smoking resulting in improved health outcomes.</i></p> <p>Through the work group, Healthy West Coast, the WCDHB together with all SI DHBs has adopted a Smokefree Position Statement.</p>	<p>NGOs. Examples:</p> <ul style="list-style-type: none"> <li>- National Heart Week</li> <li>- Diabetes Awareness Week</li> <li>- Bike Wise</li> <li>- Walk to Work</li> <li>- Alcohol Action West Coast</li> <li>- Mental Health Awareness Week</li> </ul> <p>Support and develop Active West Coast and Tobacco Free West Coast by providing secretarial support, coordinating the network meetings, and ensuring implementation of decisions.</p> <p>Work with local authorities and community groups to progress local initiatives that enhance physical activity e.g. West Coastal Pathway, Westland Wilderness Cycle Trail.</p> <p>Localise national campaigns, such as World Smokefree Day, that focus on reducing smoking initiation in collaboration with the WCDHB, WCPHO and the Cancer Society.</p>	<p>the Regional Council. Submissions included support for insulation projects, active transport promotion, extension to Smokefree environments policies, advocacy for a Regional Alcohol Plan, planting of fruit trees in public spaces and support for the continued development of the Westland Wilderness Trail and Coastal Pathway.</p> <p>The ASH survey data from the 2012 survey was released in early 2013. The percentage of year 10 students who are daily smokers was 4.5%. The survey also indicated that 69.37 of West Coast year 10 students have never smoked.</p> <p><i>Levels of participation by network members maintained and membership feedback on effectiveness of the network sought annually. Actions initiated by the network and their impacts are recorded. Number and nature of opportunities to progress local initiatives recorded and the impact of CPH support evaluated. Nature and impact of CPH involvement documented.</i></p> <p>Levels of participation have been maintained in both Active West Coast and West Coast Tobacco Free Coalition.</p> <p>Members are active and give appropriate feed back on submissions and participate in projects. See Smokefree projects e.g. WSFD.</p>
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### Highlights:

- An evaluation of the successful collaborative project (internet health and safety for the school community) involving CPH and WestREAP was completed and distributed to interested parties.
- CPH West Coast has been instrumental in setting up the Youth Health Action Group feeding into the WCDHB's planning for Youth Health. This group is raising the profile of youth health and working to improve provision of services and awareness of youth health issues on the Coast.
- CPH is assisting in the development of a West Coast Falls Prevention Coalition.

### Issues/Challenges/risks and actions taken:

- The „Health impact and the public health response to major job losses in small communities“ literature review has recently been received from CPH Information Team as requested. Our challenge for the next year is how to incorporate and use this information to effectively support the health and wellbeing of our community.
- No schools developed Alcohol Policies during this period. Alcohol policies have proven to a challenging area to address with schools. CPH will continue to raise awareness about the importance of such policies and their implementation.

- CPH staff were available to assist with Green Prescription but WCPHO managed this work internally.

Whānau Ora			
Short Term Outcomes	Outcomes – progress and achievement	Activities(from Annual Plan)	Performance measures – progress and achievement
A whānau ora approach is clearly identified in CPH West Coast's health protection and health promotion work.	Indicator: <i>CPH West Coast's work contributes to improved Māori health and reduction of inequalities.</i> CPH staff members have been working closely with the Māori Health Provider on the West Coast. This includes two CPH staff members working from the provider's main office occasionally.	CPH West Coast staff use whānau ora tool in planning their work.	<i>CPH West Coast team members are able to specify/quantify actions that have contributed to improving Māori health and reducing inequalities using the whānau ora approach.</i> This work mainly includes AKP, but also communication regarding what these two organisations can do to work together better.  This also included a number of CPH staff being invited to attend a Whānau Ora seminar.  CPH is currently working with a Kōhanga Reo to run Cooking Skills and nutrition classes with Kōhanga whānau in the next financial year.  CPH staff assisted with and supported the delivery of two kaupapa Māori events; a school-based Kapa Haka competition and A Waka Ama festival.
Improved engagement with Ngati Waewae and Maakaawhio.	Indicator: <i>The effectiveness of public health services in improving Māori health and reducing health inequalities is enhanced.</i> Rata Te Awhina have been invited onto the Healthy West Coast Governance Group consisting of members from WCDHB, WCPHO and CPH. This is to ensure we work alongside each other and share planning and resources.  Worked with Te Whare Oranga Pai to help set up and implement programs in this new organisation.	Begin consultation with both local runanga with a view to establishing formal relationships with CPH West Coast.	<i>Progress towards formal relationships is achieved.</i> Increased (two-way) communication between CPH and the Māori Health Provider (Rata Te Awhina) is the beginning of an improved formal relationship.  There has been an increase in the number of referrals for CPH nutrition courses from Rata Te Awhina.
Collection of Māori health data on the West Coast is improved.	Indicator: <i>CPH and partner organisations' work contributes to improving</i>	Ethnicity data collected and reported wherever possible/appropriate to work areas.	<i>Ethnicity data collected and reported wherever appropriate.</i> AFL nutrition courses collect information from the participants such as ethnicity. In the four AFL courses run in the last 12 months 9/42



	<i>Māori health and reducing inequalities.</i>		participants identified as Māori or Pacific.
Continued high levels of accuracy and completeness in ethnicity data collection for notifiable diseases.	Indicator: <i>Disease control strategies are appropriately targeted to the needs of Māori communities.</i>	Collect and record ethnicity data for all notified cases.  Liaise with GPs and hospital to promote improved reporting.	<i>Notifiable disease ethnicity data completeness and accuracy remains &gt;90%. Accurate ethnicity data is available to inform future planning and prevention strategies. Ethnicity data collection is &gt; 90% complete.</i>
Local authorities incorporate public health perspectives and consideration of impacts on Māori health in their plans, policies and decision-making.	Indicator: <i>Local authority plans, policies and decisions promote good health and wellbeing of West Coast Māori communities.</i>	Participate in plan and policy development processes of West Coast district and regional councils, including making submissions.	<i>Local authority plans, policies and decision-making reflect public health input. Decisions of local authorities on matters relevant to public health have had input from CPH West Coast staff and the impact of our input is documented. When CPH make submissions on Local Authority Plans consideration is always given as to the impact they may have on Māori health outcomes. This has been done for the LTPs and Annual Plans.</i>
Improved immunisation rates for tamariki and rangatahi Māori on the West Coast.	Indicator: <i>Continued improvement of vaccination coverage in the Māori communities on the West Coast, and equity in coverage with non- Māori.</i> Coverage has increased for Māori children.	Chair the WCDHB Immunisation Advisory Group to work strategically to improve immunisation coverage and equity in coverage for Māori.  WCDHB Immunisation Advisory group meets bi-monthly to review progress on immunisation rates and develops strategies for improving immunisation coverage and equity in coverage for Māori.  Provide technical support and advice to the West Coast Immunisation Co-ordinator and WCDHB HPV school-based vaccination Programme.  Promote HPV immunisation through CHIC resources and links to the community.  Promote immunisation within Kōhanga Reo and improve the collection of immunisation register data.	<i>WCDHB IAG decisions and plans reflect public health input and a focus on equity. Progress on Māori immunisation coverage and impact of strategy development recorded. Provision of technical support and advice and its outcomes documented in Healthscape. Nature and impact of HPV immunisation promotion recorded in Healthscape (or where appropriate). Impact of promotion recorded in Healthscape, including monitoring completeness of immunisation register data. Māori immunisation coverage on the West Coast has increased and continues to be slightly higher than coverage for non-Māori children.</i>
West Coast Māori communities are aware of issues regarding safe access to Recreational Water (RW).	Indicator: <i>West Coast Māori communities have safe access to RW.</i>	Include procedure in RW protocols for advising Māori communities regarding RW warnings in their area.	<i>Number of RW warnings issued to Māori communities as per RW protocol. None.</i>
West Coast Māori	Indicator: <i>Kōhanga Reo</i>	Work with Kōhanga Reo to raise awareness of	<i>Impact of work with Kōhanga Reo and Māori communities recorded.</i>

communities are aware of legislative requirements affecting Kōhanga Reo.	<i>meet legislative requirements.</i>	legislative requirements affecting Kōhanga Reo.	See above.
Collaborative relationships in place with organisations/communities where there is a mutual interest in the health impact of substandard housing conditions, including Māori and Pacific communities.	Indicator: <i>Improved housing conditions for Māori and Pacific communities, resulting in less respiratory illness.</i>	<p>Develop and maintain relationships with Māori and Pacific groups around housing issues.</p> <p>In partnership with other agencies promote improvements to existing and new housing stock including insulation.</p>	<p><i>Record of contacts and actions undertaken.</i></p> <p><i>Impact of a collaborative approach on substandard housing issues documented.</i></p> <p>Promoted Warm Up West Coast through our partner organisations and to the TLAs.</p> <p><i>Impact of engagement with Māori and Pacific communities recorded.</i></p> <p><i>Partnerships evaluated and interactions and impact recorded on Healthscape.</i></p>

#### Highlights:

- The improved communication and engagement with the Māori provider, Rata Te Awhina, since major changes in its management is very positive. Rata has become an active partner in the Healthy West Coast Governance Group and we look forward to working with them in future joint projects.

## WEST COAST DHB – MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

The above dates and venues are subject to change. Any changes will be publicly notified.